

The PUBLIC HEALTH NURSE



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RECORDS OF PUBLIC HEALTH NURSING

By Louis I. Dublin, Ph. D.

How Do You Write? What Do You Read?

By Margaret Baker Foley

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The PUBLIC HEALTH NURSE

Volume XIII

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Number Eight



EDITORIAL

NON-PROFESSIONAL MEMBERSHIP IN A PROFESSIONAL ORGANIZATION

PUBLIC health nursing has had from the beginning a dual character which has of necessity linked together the lay and the professional worker. Directly one enters a field where the service rendered cannot always be paid for personally by those who use it, there has to be some kind of brokerage established to ensure continuance and growth of the work; and it would seem that here lay people have a very real value.

The fact that all public health organizations are made up of professional and lay people proves that each group has its peculiar function to perform. In local organizations giving actual nursing care, the professional member must be freed from the care of financing and, to a certain extent, of organizing the work; and the lay member must be protected from the responsibility involved in rendering the right kind of service to the community.

In an association having the character of the National Organization for Public Health Nursing, which has for its objects the promotion and preservation of better nursing standards, through the exactions of membership, the increase of educational facilities

in the country and the furtherance of better and stronger legislation, one might argue that a professional board of directors can manage its affairs without the intervention of lay help. But wherever we touch life with the idea of co-operating with it we find the lay person strongly intrenched and doing his share of work. We find him busy in the national and state legislatures; we find him on the boards of universities and on the boards of hospitals. He is everywhere, and the Commonwealth stands or falls according to his degree of understanding of the important matters which he is constantly moulding for better or for worse according to his wisdom or lack of it.

I cannot see how the lay man or woman can render his best service as a citizen unless he works closely with those who are technically well informed and who give him a true picture of conditions in the field. We all know also how much there is to gain on the part of the professional member through close association with those whose strength often lies in the field of administration. Each needs the other and the country needs the two combined. The dual character of

the problem—sickness and health in the homes, school-rooms and workshops of the country, requires so many different kinds of energy and wisdom that a close fusion of many varieties of mind and experience would give the best chance to arrive at an ideal result—provided the greater versatility and, in some cases, initiative of the lay member did not gain an improper ascendancy in the councils of the board.

Note—A discussion of the characteristic values and limitations of lay members on a professional directorate is opened in this issue of *The Public Health Nurse*, the first contribution being by Miss Mary Beard. Other papers will follow later. It is hoped that all members of the National Organization for Public Health Nursing will interest themselves in following this discussion and that many will send their views to the Editor of the magazine for publication.

"A DREAM COME TRUE."

"The largest group of nurses that has ever graduated at a training school for nurses * * * the first group that has ever been trained under governmental control, and the only class of nurses that has ever been a part of a training school which is connected with the Army" has just graduated from the Army School of Nursing. Five hundred and fifteen students held their commencement exercises at the Walter Reed General Hospital, and one hundred and nine received their diplomas a few weeks later at the Letterman General Hospital, San Francisco.

Miss Annie Goodrich, founder of the school, addressed the students at the very impressive commencement at the Walter Reed Hospital. Major Julia C. Stimson, Superintendent of the Army Nurse Corps and Dean of the Army School of Nursing, in introducing Miss Goodrich, gave happy expression to what was in the minds of all those whose thoughts instinc-

tively reverted to the days when the plan for an Army School of Nursing was first conceived; for she spoke of the unusual privilege that was hers in being able to bring together "in an official, public way, and under such happy auspices * * * the dreamer and the dream—the prophet and the fulfillment of the prophecy."

Miss Goodrich herself closed her inspiring address by pointing the lesson of the dream made real, by applying it to new dreams for the future:

"Never let anyone tell you there is evil in dreams—although a dream which is not followed by action is not a good thing. Do not spend your life in dreaming, but a dream that takes effect in constructive action is the finest thing that ever happened. * * * Dear colleagues, let us dream together that you go out and that you go through this land and every other land and make your successors do the same; raise a great army so that in every country we shall have two million nurses going down to conserve the life of the little child. And when this great army has made the life of the little child safe, then you can invoke the spirit of Florence Nightingale with the simple salutation, "Mother of Nursing, here we are."

ARE YOU ONE OF THE EIGHTY-FIVE?

Approximately eighty-five copies of the July issue of "The Public Health Nurse" have already been returned to the publication office as undelivered, because the subscriber was not found at the address given. This means that eighty-five readers have missed their July number, through failure to notify the magazine of their change of address in time for it to take effect on the mailing list. The last date for changes for July was June 15th. If our readers will try to remember that changes must be received by the *fifteenth of the month previous* to issue, they will not be disappointed by the loss of their magazine and will save our office the cost of paying return postage.

All changes of address and notifications of non-receipt of the magazine should be sent to the office of "The Public Health Nurse",
2157 Euclid Ave., Cleveland, Ohio.

RECORDS OF PUBLIC HEALTH NURSING AND THEIR SERVICE IN CASE WORK, ADMINISTRATION AND RESEARCH*

By LOUIS I. DUBLIN, Ph. D.

*Statistician, Metropolitan Life Insurance Company
New York*

I.

BEFORE we proceed with the consideration of the details of record keeping and record study, permit me to sketch some of the more important facts of the public health movement. These we shall need as a background for our discussion. Public health work is a development of recent origin. It is, in fact, one of the great achievements of the second half of the nineteenth century. It is difficult to exaggerate the importance of the contribution it has made to modern life. At the beginning of the public health movement, say about 1850, the average life span in most civilized countries, including our own, was only about forty years. Today, the expectation of life for the average individual is well over fifty years. More than ten years have been added to the human life span in the short period of seventy years. We can scarcely appreciate what this means to society, how much the reduction of mortality and of morbidity means to the world in greater happiness and prosperity for all of us.

This extension of human life has resulted from the control which has been won over a group of diseases. The death rate from tuberculosis is, today, about one-third as high as it was a century ago. Typhoid fever, malaria and yellow fever have been controlled until they are of small account. Yellow fever has been entirely removed from our country. Malaria has been limited to a narrow area of our south and typhoid fever is a vanishing disease. Even in the course of the last fifteen years, the death rate from typhoid fever has been reduced to a third of what it

was. At the beginning of the modern public health movement, there were severe epidemics of smallpox, of dysentery, of typhus and of cholera, which, today, except as they reappear as the effects of the recent war, or in a few localized areas, are things of the past. We have made remarkable advances in our ability to save the valuable lives of infants. Only twenty-five years ago, twenty per cent of the new born babies in many cities died before they were one year old; today, communities which lose ten per cent of their infants are considered backward. The public health campaign more than any other single factor is, I believe, responsible for the greater well being of the average man today than that enjoyed by our ancestors a century ago.

In spite of the great achievements of public health work, much still remains to be done. It is not difficult to show that the continuation of the public health movement to its logical conclusion will add even as many as ten additional years to the average duration of human life. The nursing profession must play a very important part in this campaign. In this respect, the future of the nursing profession is great indeed. The nurse will be more and more at the forefront and will share with the physician and the sanitarian the function of preventing and controlling disease. The newer health activities will depend very largely upon the nursing profession for personnel. To be most effective and to realize her highest opportunities, the nurse must see the relation of her work to the larger purposes of the community. She must be a student of sickness; she must take a professional attitude to-

* The first of a series of five lectures delivered before the Department of Nursing and Health, Teachers' College, Columbia University, New York City, April, 1921.

ward her work, and not be content with routine procedures alone. She must see the new implications in her many sided work. It is for this reason that records are developed and it is through their proper use that these developments may be achieved.

It was in this spirit of inquiry, and with this sense of personal responsibility for serious study of sickness and its causes, that Florence Nightingale, the founder of the nursing profession, labored and it is a significant fact that she was perhaps as effective a student of sickness as she was a nurse and administrator. You will recall the numerous reforms she instituted because she was able to reason from the individual cases of sickness in the home or in the hospital to the general principles underlying sickness and disability. What deficiencies in hygiene, construction, food and water supply, medical service, caused many of the deaths in the military hospitals of the Crimea, in the military and civil hospitals of England, among the aborigines of the British Colonial possessions, among the population of India? What sanitary failure was responsible for hospital infections? These and other broad questions were answered in Miss Nightingale's mind by examination, comparison and reflection upon the available records or statistics of sickness and mortality. Her ability to grasp more than the requirements of the individual case of sickness, to probe problems of official oversight of elementary sanitary and administrative measures, was acquired through her life-long habit of scanning collected records of sickness, and of installing good record systems where none was provided. The founder of modern nursing appreciated and taught always that the nurse was not performing her whole duty to her patients if she failed to reflect upon the causes and prevention of sickness and if she did not keep good records or failed to study them earnestly.

I think I have said enough about the public health movement and about the use of good records in guiding its work in the last fifty years, for

you to realize the place that records must have in that field. Public health work, today, is a growing science with a host of problems that demand solution. Public health procedures are changing from time to time and the nurse must keep abreast of the times with her increasing knowledge and experience. My purpose in giving this series of talks is to encourage you to play your proper part in the movement in which you so splendidly participate.

I shall first take up the value of records from the point of view of the nurse herself. Second, I will show the value of such records for the supervisor or manager of Public Health Nurses, and, finally, I hope to show the value of such records in public health research.

I. THE RECORDS AS AN AID TO NURSING CASE WORK

Public Health Nurses are already in the habit of making records. They are all expected to complete a history at the beginning of their care of a case and to record currently the facts of interest in the condition of their patient during the conduct of the case and, finally, to state the facts at its termination. They are not always so clearly convinced as to the reasons which justify such records. Yet records are of the greatest value to the nurse herself. The record helps her to understand her case. It calls for certain personal items, such as will identify the patient, the sex, age, color or race, occupation, birthplace, and a few other facts with reference to the family, the so-called social history, which help her to determine the kind of care she must give to bring about the best results. If the record is properly designed, it is a constant reminder of what is expected to be done, and of the care to be given the patient and the family. This is the reason for such items of record as the diagnosis, the complications, if any, the period of illness to date, whether the patient is abed, or up and about, or able to work. It is also a current summary of all that has been accomplished during the

course of the case. There are, accordingly, such items as the number of visits, the dates of the first and last visits, the condition on discharge and to whom the patient is discharged on transfer. But, most important are the statements covering the condition of the patient at each visit and the actual work done for him at that time.

The great majority of cases run on for a considerable period of time, usually two or three weeks and sometimes as many months. It is not possible for any nurse to carry in her head the condition of her patient at the previous visit, the facts of the social history which bear upon the case and all the other items which so materially determine whether she will do a good piece of nursing or not. A record takes care of all that for her. Moreover, nurses are often transferred from place to place. Patients, likewise, are often transferred from one agency to another and they must be cared for efficiently, irrespective of whether the same nurse sees them or not. If a new nurse takes charge of the case, it is only reasonable to expect that she will begin where the other left off and that she will not have to go through the expensive routine of obtaining the history of the patient and of studying the condition from the very beginning.

I shall, in my next lecture, take up specifically the record form which is adapted to generalized public health nursing. I will, therefore, not go into any great detail as to the construction of record forms at this time. I shall at this point remark only that the record form is a means to an end, not an end in itself. This is true whatever be the type of nursing. The record should, therefore, be limited to those items which are (1) necessary for the proper care of the case, (2) for its effective supervision, (3) for future research into the causes, prevention, treatment, description and social bearings of sickness. A good record is brief, direct and contained upon a form of convenient size which can be filed and studied at a minimum of

clerical expense. Wherever possible, the questions should be so worded as to elicit a reply of "yes" or "no"; or, there should be a direct question of specifically "how many"; where descriptions are required, as under "diagnosis," "occupation," "color," "sex," "birthplace," "condition on discharge," and the like, an approved nomenclature should be followed. Uniformity in the naming of things is absolutely essential to good record work on those items which are not simple counts, or "yes" and "no" propositions. Clearly written instructions governing record keeping should also be prepared. The nurse is entitled to know what the questions mean and how best to secure and set down the answers. With these essentials provided, there is no reason why this valuable aid to the nurse should not begin to show results in her work. The trouble which nurses have had with records has not been the requirement that records be kept, but the existence of badly designed forms with inapt questions and the lack of informing directions.

II. THE RECORD AS AN AID TO NURSING ADMINISTRATION

The second reason for keeping good records in public health nursing is that no supervision of the work is possible without them. Many of you supervise the work of others, and all of you hope sometime to be managers and directors in the public health nursing field. I know that many of you already appreciate the value of the control which you obtain through record keeping and record study. It is the means by which the supervisors and their directors determine the measure of their success as managers; the extent to which the rules and even the programme of the service are actually being carried out by the staff; whether results achieved are commensurate with the funds and effort expended.

The most striking fact in the public health field today is the inadequacy of our equipment to carry out the work we know should be done. This

is just as true of public health nursing as of any other branch of the work. The most urgent problem of the managers of public health nursing is, under present conditions, to determine definitely what they can best undertake with their limited facilities. It is impossible to see every case of sickness that might profit from public health nursing or to give adequate care to every case that is sick. There must, therefore, be considerable discretion exercised in the choice of cases. This is in effect the problem of each agency or association. The many decisions of the director crystallize finally into what we call the program of the society.

Certain criteria for the choice and continued care of cases are in this way developed from actual experience. The chief thought is, of course, that there must be no waste of service. Care must be limited, let us say, to those cases where there is a physician in attendance. Even where there is a physician, care must be exercised in the choice of cases. Everyone agrees that those cases must be seen and cared for first where there is danger to life and where skilled nursing is needed. This gives precedence to acute and serious illness over chronic and minor ailments. If I may illustrate with examples from the generalized nursing field, I would say that cases of pneumonia and of typhoid fever, of the communicable diseases of children, of the complications of pregnancy, and of accidental injury, must be seen and cared for until the danger period is passed, even if that means that cases of varicose veins, of heart disease, and of tuberculosis must be left to wait until the nurse gets around to them. I believe there is little question as to this policy.

Cases of maternity are somewhat less urgent but not less appealing. While in the great majority of cases conditions are normal and the life of the mother is not in hazard, the thought of the possible danger to two lives, the utter helplessness of the infant and the great opportunity that is offered to the nurse to start the

baby safely on its course of physical development have resulted in the favoring of such cases. Finally, there remain the sub-acute and the chronic cases, some of which must be seen and cared for. Together, the acute and serious, the maternity and the chronic cases absorb the attention of the nursing staff.

The practical question that confronts the nursing supervisor is to determine the degree to which her staff is carrying out the plan which I have assumed most of them have. What proportion of her cases each month and each quarter and each year are cases where there was no physician in attendance? If more than three or four per cent are such cases; if perhaps ten per cent of the cases, as I have found in some cities, are of this type, there is obviously something wrong. The community needs to be educated to call for the nurse only in serious instances. The people must be taught to co-operate with the associations and to differentiate between minor and more important ailments. Are the proportions of cases of acute conditions, of maternity and of chronic diseases so related among themselves as to show that the best results in life saving are being obtained for the community from the efforts of the staff; obviously, if 50 or 60 per cent of the cases are of the chronic type, there is something wrong with the service. It is being allowed to form itself and is not reflecting the direction and character its manager intended for it.

Equally important for the supervisors and the director is it to determine how the visits are distributed among the cases of the various types. The service given at the visits are the stock in trade of the association or society. Are they given to the cases requiring them most and which offer the biggest returns in life and health conservation for the community? Or, are they distributed without regard to such considerations? What are the results obtained? How many of the patients recover, and is public

health nursing a better means of helping the patient than some other facility? What is the proportion of patients transferred to institutional care? What is the proper frequency of visits necessary for maximum results? Are visits properly "placed"? What areas of the city are undeveloped?

These are questions of management which the director can solve only by recourse to the records. The reports come in regularly to headquarters. If properly handled, that is, edited, classified, sorted and tabulated, and the tabulations later analyzed, the records will give the answers to most of these questions. I shall take up the technique of getting the facts out of a collection of records in detail in my later talks. At this time, I wish only to show through specific applications how record keeping and record study can be made valuable to public health nursing management.

I have not said a word about the characteristics of the patients served. I know nothing more important. The director should know how her patients are distributed with reference to the districts of the city. It is entirely possible that certain areas are neglected; while others are overdeveloped by the staff. Heretofore, public health nursing has been too largely a service for the poor. There is no reason why it should not be extended to the better circumstanced groups and, in fact, to every class of the community. Such extension will help to solve one of the big difficulties in the care of the sick and will at the same time help to create good will and self-support for nursing associations.

Then, too, in those places where there is a good sized negro section, and there are many American cities of this type, it is important to know whether the colored people are represented among the patients at least in proportion to their number in the population. Sickness is more common among negroes than among the

whites, and is more likely to be acute and serious. The colored people should, therefore, be well represented among the patients. But, very often, they are not. The management should know the sex and the main age groups represented among the cases. The work of Public Health Nurses has, in the past, been largely limited to women and children. Men at the working ages of life rarely appear on the records of Public Health Nurses. That is not because men have fewer cases of serious illness, but because they are more likely to go to work sick or because they do not know about or do not appreciate the value of skilled nursing care. That is a misfortune. The development of this kind of service presents very large possibilities for the future; for it may become the means through which industrial hygiene will become a worthy part of the public health program.

The approach to this phase of management lies through knowledge of the facts which the collected nursing records disclose. The tabulation can be made to show the age, sex, color, nativity, occupation and any other characteristics of the patients. The supervisors and the director should keep the closest possible touch with the work of the Registrar and, where there is no one acting in that capacity, they should, in effect, constitute themselves the statistical staff and consider the work of tabulation and of analysis a part of their duties. Where facts describing the whole job of the association are at hand and where there is a clear understanding of what has been done and what there is to accomplish, services do not grow up like "Topsy," amorphous and without purpose. I have seen the tabulations of a number of fairly good sized services which would indicate that there had been no directing energy and no consistent review of the types of material going through the hands of the staff. I doubt very much whether in such services much good for the community is accomplished.

III. THE RECORD AS AN AID TO PUBLIC HEALTH RESEARCH

The third phase of the record problem in public health work relates to the possibilities of research. I have already told you that the public health movement is in a state of flux. There is still much that is uncrystallized and there are few fixed rules of procedure. Many activities are being carried out without much, if any, warrant in fact. Others we know are not doing very well and we must seek other ways. There are many health situations we are not attacking at all. These are the reasons for emphasizing investigation and research as a part of the health program. If we are to make real progress in public health work, we must carry out investigation and criticism of established procedure side by side with our active work. The experimental method must for a long time dominate the health movement.

Let me illustrate concretely. We hear it said by directors of visiting nurse associations that better results in the care of pneumonia cases can be obtained at home through visiting nurses than at general hospitals. This is a serious statement to make. For if it be true that cases can be cared for so well at home, it is a mistake to send them to hospitals. There is no easy solution to this question. You have to keep records of cases of pneumonia cared for at home and compare the results with those of similar cases cared for in hospitals. The final answer to this question, hospital versus home care, is not yet possible. But, if an answer is made, it will be because we have studied carefully the records of the work of visiting nurses in pneumonia cases cared for in the homes and in hospitals.

In like manner, there is the problem of the care of the tuberculous. Shall they be cared for in sanatoria and other institutions or in their own homes with the assistance of Public Health Nurses? Much can be said for either method. But, which is better, having in mind the interests of the patient, his family and the

community at large? I have in mind especially the valuable work done in Massachusetts through visiting nurses who, through training their patients to take the rest cure under medical supervision at home, have apparently accomplished some remarkable results in arresting cases of various types of the disease. Here again, the records prepared by the nurses in connection with their tuberculous patients, when carefully studied, will prove to be invaluable.

During the last few years, nurses in Boston and New York City have helped to demonstrate in the most satisfactory manner the possibilities of reducing the mortality of women from causes incidental to childbirth and also the mortality of their infants. These demonstrations would not have had the same effect if they had not been emphasized with thoroughgoing studies of the nursing records which showed clearly what had been accomplished. I venture to say that the time spent in making the rather complete records that are necessary for maternity cases was as much justified by the results as the time spent in any of the practical bedside work which maternity nursing calls for.

I could in this way proceed to outline a whole host of other situations which have either been clarified through the use of the statistical method or which still remain to be cleared up through such study. But, in my judgment, the most promising results for the public health nursing movement will come out of the application of research methods to the details of nursing procedure and management. Are all the steps taken by nurses quite necessary, and are there not other ways of doing the so-called routine procedures which would be, perhaps, even more effective and less expensive? We are all discussing the question whether it is better to employ generalized or specialized nurses to carry out nursing in the communicable diseases, in tuberculosis or in maternity. There are endless other questions of this character. I am

asking the managers of nursing associations to take nothing for granted and to approach their work with open-mindedness in the spirit of inquiry and to collect data at every step which, when studied, will give conclusive answers.

The records of the service as conducted by the nursing staff are, therefore, very valuable documents. Their value would, however, be very much enhanced if all public health nursing agencies doing similar work could decide upon the use of uniform report forms. If such terms as "able to work," "recovered," "improved," etc., meant the same thing to all those using them, we should then be able to compare their results and learn which procedures are the most productive. I have no doubt but much valuable standardization of service would follow. Thus, uniform records would serve as an entering wedge toward standardized practice, and much that is today of doubtful quality would be raised in tone.

I am of the opinion also that the vexing question of training Public Health Nurses, which is being so anxiously considered these days, could be clarified through the studies I have frequently referred to. Frankly, we know too little about the great mass of nursing work that is being done. If we had more detailed and accurate reports from Public Health Nurses covering the various phases of their work, we would be in a much better position to say what kind of training would be necessary to accomplish the required results. We should know the proportion of the patients who are suffering from the acute and the chronic diseases, the number who are semi-invalids whose nursing needs are not so urgent, and the number who could perhaps, in a pinch, be cared for by members of the family or perhaps by trained attendants. The field for the Public Health Nurse on the one hand and for "health visitors" as recently conceived by Dr. Farrand and by Col. Folks, on the other, would become much more defined and a reasonable solution more

safely arrived at. With more facts coming out of better records of public health nursing, we should feel more confident in our experimentation with various types of personnel.

Finally, I have in mind the possibility of using the fuller and better records of the Public Health Nurse for the purposes of estimating the amount and kind of sickness in our American communities. We know pretty well the facts of mortality but the equally important ones of morbidity have been overlooked. The occasional surveys of sickness that have been made have been useful but they are sporadic and expensive. The work of the nursing organizations goes on continuously and their personnel are in the most ideal position to gather the facts of sickness. That, in fact, is a part of their business. Where their service is adequate, that is, where they reach a large part of the sick population, their reports should be of the greatest value to the health officer, to the civic organizations and to all others interested in the public health. Their reports may well be made the basis of budgetary provision for health work and should be the best indication of the progress that is being made by the health officials as well as the medical profession in the control of disease and the extension of life.

I sometimes wonder whether in my insistence on record keeping and on the application of scientific methods to public health nursing I have in any way taken the inspiration out of it. I know that there is a good deal of sentiment in public health nursing work which helps to lighten its many burdens. There is a dedication in such service very much like to that of holy orders and there is something of desecration, perhaps, in suggesting the application of the yardstick to service of this type. I am convinced, however, that there is no real conflict. There is no reason why there should be any cheapening of spiritual effort through either standardizing it or through making it more effective.

What we who are attempting to apply scientific methods to public health work are thinking about is to increase its value and to make it available to large numbers of people who need it most; in a word, to spread the gospel of more service and better service.

I believe I have shown you that good record keeping is the key to public health progress; that it is indispensable to the development of the individual nurse and that it may indeed become the mainspring of her enthusiastic devotion to service.

PUBLIC HEALTH NURSING IN DAYTON

Dayton, Ohio, has just completed its 1921 Better Baby Campaign. It was held from May 9th to May 20th—every day, except Saturday, from 10 to 11:30 in the mornings and 3 to 4:30 in the afternoons. During the two weeks' campaign 1657 babies were examined. The babies came into a waiting room where two nurses registered them. They then were sent in for a mental test (babies over 6 months of age), from there they went into another waiting room and were undressed and weighed by a nurse, then taken into a small examining room, where a thorough physical examination, including measurements and height, was given—then out into a large waiting room to be dressed.

Seven physicians from the City Welfare Department, assisted by nurses from the Visiting Nurses' Association, carried on the examinations. A month before the examinations took place, pamphlets were distributed to every household where there was a baby, through the medium of the public and parochial schools. Also a special baby bulletin was mailed to every mother whose baby's birth had been registered in the last two years.

Dayton is well known for its organized public health nursing—which combines municipal and private organizations. There are now 20 nurses on the staff, besides one field supervisor. The staff is known as The Visiting Nurses' Association. We are now doing Metropolitan Life Insurance Co. nursing, maternity, prenatal, infant welfare, tuberculosis, quarantine instruction (no nursing), school inspection for contagious diseases, and regular district nursing.

March first, one of our nurses began nutrition classes in three schools. Miss Skilton, Dr. Emerson's assistant from Boston, gave two weeks to organizing and instructing the classes. This fall when schools reopen there will be five nurses as nutrition teachers and the entire school work will be supervised by the Visiting Nurses' Association and Commissioner of Health. This will mean that five extra nurses, making a staff of 25, will be employed, (not including 5 nutrition teachers) salaries to be paid out of the Board of Education funds. The city will be re-districted, making the districts smaller so that all follow up work and school inspection will come in with our generalized public health work. Dayton will then have a complete organization except for industrial work, but much of the home visiting of factory employees is referred to the organization.

Besides our generalized field nursing, we have a U. S. Public Health clinic for venereal diseases and a corrective clinic for cripple children. We have health supervision over all day nurseries and boarding homes. A household educator is maintained by the National Junior League, but directly under the supervision of the Visiting Nurses Association.

—Elizabeth M. Holt, Supt., Dayton Visiting Nurses Association.

The Membership Campaign
of the
National Organization for Public Health Nursing
An Opportunity for the Public to
Better the Health Conditions of our Country.



The
Public
Health
Nurse

must be helped to make strong, healthy Americans of children such as these.

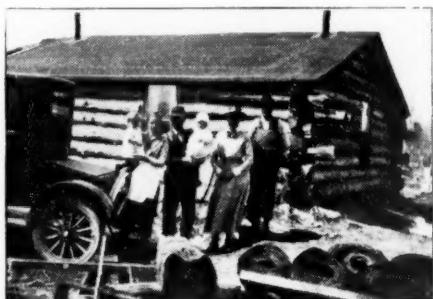
The purpose of the National Organization for Public Health Nursing is to furnish the necessary educational guidance to the nurse "in action," and to safeguard the health of every American community by its insistence on the highest possible nursing standards.

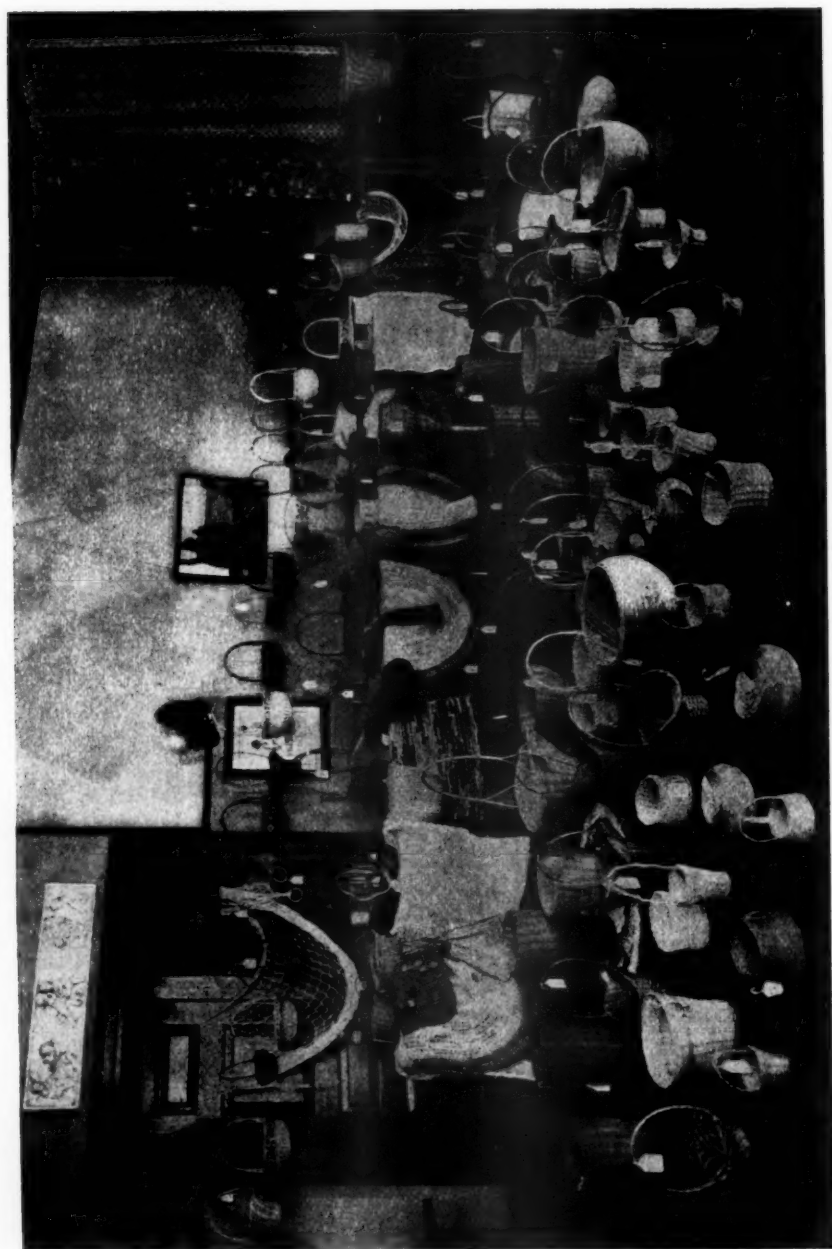
50,000 new sustaining members are needed to help the National Organization in this work. Five dollars will make you a sustaining member and will bring this magazine, "The Public Health Nurse," to you each month.

The National Organization has a splendid record of nine years' service to the public, but it cannot continue to meet effectively the constant demands being made, unless the thoughtful men and women of every community give their moral and financial support.

The Campaign Slogan is this: Help The Nurse Help Her Community!

Reader, you can vitalize this Slogan. And the way to make it more than a mere campaign cry is for you to RECRUIT ONE OF THE 50,000.





These attractive articles were made by Patients of the Philadelphia Visiting Nurse Society.

OCCUPATIONAL THERAPY

AS CARRIED OUT BY THE VISITING NURSE SOCIETY OF PHILADELPHIA

By KATHARINE TUCKER

Superintendent, The Visiting Nurse Society of Philadelphia

THE Occupational Therapy work of the Visiting Nurse Society of Philadelphia was started first through a volunteer in the spring of 1920. It soon became evident to all concerned how valuable such work could be and a full time paid worker was engaged September 1st, 1920. The value of the work to the patients is seen on three sides which constantly overlap. Most important of all is the therapeutic value both mentally and physically. The story can best be told through actual cases.

Mr. Smith came to the attention of the Visiting Nurse Society through a family who had practically supported him for the past two years. He was a post-operative case of exceedingly slow convalescence. For several months he had seemed at a standstill in every respect, lacking both physical and mental initiative. Both he and his wife seemed quite willing to rest upon the support of friends. Through the visits of the nurse the occupational therapy worker, Miss Monroe, was introduced into the family. Although at first skeptical Mr. Smith became much interested in basket making and developed somewhat unusual skill. His whole attitude of mind toward himself and the world was changed and he felt both an interest and responsibility in living. It was not difficult to find a market for his baskets and through this work, in which his wife also has taken a hand, they are practically self supporting at present. Mr. Smith's physical condition, which was retarded chiefly by his mental attitude, is tremendously improved and he soon will be well in every sense of the word.

Some of our arthritis cases are the most pathetic and also the most satisfactory. In the past the nurses have been most discouraged in seeing no progress and at a loss to help the

situation except through nursing care and rather uncertain encouragement.

Mrs. Hughes had been a patient for many months when Miss Monroe visited. Her hands were badly crippled with arthritis and she had only the slightest motion in her fingers. With great understanding Miss Monroe has given her work adapted to her physical limitations, gradually increasing the complexity of the work as Mrs. Hughes has learned to use her hands more freely. She can now crochet and cut and sew rags for the rugs which she is just learning to make. This work has quite transformed life for Mrs. Hughes and there is no uncertainty now as to her actual progress.

Mary Murphy also has arthritis. Her mental condition was almost as serious as her physical one. She was referred to us by a hospital social service worker who was in despair about her. The patient cried continually and seemed overwhelmed with her inactivity and uselessness. Miss Monroe aroused her interest by telling her of Mrs. Hughes' progress, Mary having known Mrs. Hughes when they were in the hospital in adjoining beds. Mary's interest was further stimulated by the remembrance of some mats she used to make when a girl in Ireland and Miss Monroe showed her how she could make them now. Her ability to use her hands has developed and she has made two caps for her little girls. She is now eagerly talking of making a jacket for her baby. She finds she is not useless after all.

While the therapeutic value of the work in such cases is the most important, there is, many times, an economic value that enhances the other tremendously. Miss Monroe encourages the patients to take their work seriously and not as child's play, as this does so much toward increasing their interest in it, but never

is the saleability of the article regarded as the sole criterion of its value.

There are other cases in which there cannot honestly be said to be any therapeutic value, only a humanitarian one, as the patients are helpless from the start. Nevertheless these patients are often the most satisfactory. It is possibly to just such patients that the occupational therapy worker brings the greatest joy and there that she relieves the most suffering.

Anna Periato, an Italian woman 49 years old whose legs are paralyzed from a tumor on the spine, when first visited by the occupational therapist lay in bed groaning and required much persuading before she would attempt to make some simple worsted flowers. Now she knits all the time. She has made sweaters for her two little girls and for herself, two baby's afghans for the Society, one sweater as an order and is now making a second sweater as an order. Her little girl said "My mother sings now" and her daughter-in-law said "As long as she has knitting she is happy—when she has no work she groans."

Another particularly appealing case is Timothy Martin, a young boy of 15 who has muscular distrophy. He is incurable. He became much interest-

ed in cord work and makes very attractive hammocks, large and small, belts and bags. He is always so eager to be kept supplied with plenty of material so that he can get more and still more hammocks made before he entirely loses the use of his hands.

To many advanced cases of tuberculosis bead work, knitting and crocheting have brought some peace of mind and forgetfulness during long wearying hours.

I sometimes think this work has meant almost as much to the nurses as to the patients as it is such a satisfaction to them to see their patients come to life, as it were, through a new interest. The greatest difficulty has been that the nurses have referred far more cases than one worker can possibly handle. Therefore a second occupational therapist is to be added to the staff September 1st, 1921.

The work has been so successful and has evidently met such a long standing need in the community that the Philadelphia School of Occupational Therapy has decided to give its students field work, under Miss Monroe's direction, as a part of their training. In this way more workers will be prepared for this rapidly developing field of occupational therapy outside of institutions.

WHAT IT MEANT TO HIM

In a particularly beautiful mountain city which prided itself upon its scenery, during the routine examinations which the nurse was conducting, a boy of ten was found to have markedly defective vision. The parents were notified of this condition and requested to have it attended to by the oculist. The parents were not negligent of the child but due to the fact that he had never complained of his vision or any physical condition that might result from it, they had been in total ignorance of the defect.

Following the suggestion made by the nurse they took the boy to the doctor and had him fitted for glasses. The day he received them was one not to be forgotten by those who witnessed the scene. He took them from the case and walked indifferently over to the window and adjusted them, then gazed off into the hills and his little face became positively illumined.

"Oh! Look!" he cried, "I can see the top of 'em! I can see the place where the hills and the sky meet. I can see the trees way up there. Oh, isn't it beautiful! I never saw that before."

The poor little fellow had lived all his life in this vicinity and missed the glories of the scenery upon which his community prided itself.

—Margaret Van Scoyoc, R. N. Medford, Oregon.

A DISCUSSION

OF THE CHARACTERISTIC VALUES AND LIMITATIONS OF LAY MEMBERS ON A PROFESSIONAL DIRECTORATE.

I

By MARY BEARD

*Director, Instructive District Nursing Association
Boston, Mass.*

MANY of us read Miss Crandall's article "The National Organization for Public Health Nursing", which appeared in the January issue of *Modern Medicine*. This was the fifth of a series of articles on National Health Organizations. All of us who did read it, felt, I am sure, that Miss Crandall had expressed the ideals of the organization and summed up its history better than it has ever been done before.

The very title of the organization "*for* Public Health Nursing" instead of the expression "*of* nurses" has emphasized from the beginning the character which we have believed such a national public health nursing organization ought to assume.

Existing health organizations, such as the National Tuberculosis Association, the American Child Hygiene Association, the American Association for Mental Hygiene, organized as they were to emphasize and promote a specific health subject, assumed from the first a different character from this organization of ours, the purpose of which was to "define, standardize, and interpret public health nursing and encourage and assist in the development of public health nursing, especially along the lines of education and legislation." As a comparatively new national health organization, our goal has been to try to produce an active body composed of two kinds of members,—the group of nurses, with definite standards of education and method, and the group of non-professional persons without whom no public health nursing organization can be successful. Such organizations as the American Medical Association, the American Orthopedic Association, the American Pediatric

Association, and many others, are and must of necessity continue to be highly specialized groups of professional persons, while an organization like ours purposes to deal not only with technical standards of work as related to Public Health Nurses themselves, but also to standardize and spread abroad the method found most effective in the work of Boards of Directors or local committees, which deal with the organization and administration of public health nursing.

The history of public health nursing is closely bound up with the histories of the boards of directors of visiting nurse associations throughout this country. It has been the non-professional board, usually made up only of women, which has ordinarily been first to see new opportunities for better community health, has raised money to develop it and has established the new branch of work so firmly that state or municipal or county authorities have then adopted it as part of the regular health program.

This leadership of non-official health workers in the progressive developments of public health nursing work has come to be acknowledged by the modern health officer very generally.

Ten years ago what did these non-professional women do in all the hours they devoted to the visiting nurse associations? And how was it twenty years ago? And what are they doing today? So many duties and so varied are hard to enumerate.

The office of treasurer has been and still is filled by a woman in many of our large associations—in one association I know this was true after the budget had grown to \$40,000. To be treasurer of an association having

a budget of twenty-five or fifty thousand dollars requires hours of painstaking work and a willingness to carry responsibility. To be chairman of a committee on bills may not sound inspiring, but it certainly takes a fund of inspiration somewhere to keep incessantly at the task of adding, of detecting errors, of scrutinizing expenditures. It used to be customary for a nursing committee to spend hours every spring and fall over detail of uniforms, to know and follow intimately the daily routine of nursing work, to spend much time in reading reports and records. Many of these activities are properly conducted now by professional supervisors, but nursing committees remain an active group in all visiting nurse associations today. New committees have become necessary with the new types of public health work which visiting nursing associations must do. A city, to be in good health, demands that public health nursing shall be available to everyone, and so in one neighborhood after another a nursing "station" is opened. Local work demands a local committee. Some member of the board must work very hard indeed to organize these neighborhood committees and to keep their interest active when they are formed. Legislative committees need one kind of person, publicity committees, another, and budget committees need everyone all the time.

How can the public be shown the importance of the work which is being done unless the board itself appreciates it? How can the board do so unless its several committees, intimate each with some one phase of the work, know and care intensely that each function of the association be understood and maintained and carried forward? Is it not usually the board of a visiting nurse association that, first of all in the community, begins to feel concern about the course of an epidemic or the effect of unemployment upon nutrition, or of great heat or frozen plumbing upon the health of families?

Standards of health education are being taught by all modern visiting nurses. The members of visiting nursing association boards everywhere are intimately helping to raise these educational standards higher every year. The public, organized into such groups as these boards represent, is building public opinion every day and helping to make it strong. Where else can we look for so ready a means of making and of keeping standards for health work?

There is then a great body already formed into an active group of workers for public health nursing. They are called "Friends of Public Health Nursing", "lay members", "non-professional people". Has not the time come for us to consider whether our National Organization for Public Health Nursing would not be stronger if there were greater unity between the Public Health Nurse members and the "board" members of the organization?

When we are facing a crisis in our local health work we want more than everything else to bring together the staff and the board. A wise plan will be devised when discussion brings out both the need (from one group) and the means to meet it (from the other). The after care of poliomyelitis is a good example of such a local situation. How can the nurses be expected to make visit after visit in homes where a crippled child must lose his chance of normal life unless a fund can be raised, a corps of workers built up, a system devised to meet his need, if there is not a board behind to listen and be moved by their report?

And how can a finance committee, already heavily laden with the budget for the year, perceive the dire necessity of the crippled children unless the two groups are brought close together?

So, then, "lay" members are highly successful organizers, budget raisers, treasurers, publicity people, and, wisely, working closely with the professional women associated in the work, devise sound policies and construct a progressive program for

community health work.

In our local situations we come closer to the ideal, but nationally I cannot but believe we might gain greatly by a change in our present plan of organization. We need greatly a stronger public opinion to back up the standards represented by the National Organization for Public Health Nursing. We ask of our lay members an equal share of responsible work, why not give them equal privi-

leges with professional members? Why not add many non-professional members to the Board of Directors of the National Organization for Public Health Nursing? Why not have, sometime, a President who is not a Public Health Nurse? For my part, I do not see why she must necessarily be a nurse at all, and, in some ways, I think it would be advantageous to our cause if she were not a woman, but exactly the right *man*.

NOTE: Other papers discussing this subject will follow. and expressions of opinion from our readers will be welcomed.

A HAPPY GROUP!

The photograph below shows the graduating class of the School of Public Health Nursing of Simmons College and the Boston District Nursing Association.

Miss Anne H. Strong, Director of the Course, is seated in the centre, with Miss Mary Beard on her right and Miss M. Grace O'Brien on her left.



A STATEMENT IN REGARD TO EPIDEMIC POLIOMYELITIS

Prepared by THE COMMITTEE ON PUBLIC HEALTH PROBLEMS
OF THE INSTITUTE OF MEDICINE OF CHICAGO

Note by the Chairman of the Committee on Study and After Care of Infantile Paralysis
of the Visiting Nurse Association of Chicago

At the April meeting of our Committee we were asked to take some action to allay the fears of parents who had been told that an epidemic of poliomyelitis might be anticipated this fall. We have also been asked if we were collaborating in a city—or state-wide program of prevention, detection and treatment of acute poliomyelitis. In order that our Committee might issue an authoritative statement and at the same time take part in any work that would rightfully fall within its province, the Chairman appointed a Sub-Committee to investigate these rumors of future epidemics and to prepare a statement that would, in so far as possible, quiet the fears of people asking for advice or re-assurance. Dr. Ludvig Hektoen was appointed Chairman of this Sub-Committee and after conference with the Committee on Public Health Problems of the Institute of Medicine of Chicago, of which Dr. E. O. Jordan is Chairman, the following statement was prepared:

Mrs. Albert A. Sprague,
Lake Forest, Ill.

Frances D. Sprague,
Chairman.

THE Committee of the Institute on Public Health Problems has been requested by certain outside organizations to prepare a brief statement regarding some phases of epidemic poliomyelitis with a view to making clear to the public the present status of our knowledge and to quieting undue apprehension.

It is not possible to predict with any degree of certainty the approach of an epidemic of this disease. Seemingly more capricious than most epidemic diseases, acute poliomyelitis appears at irregular intervals and in widely separated localities. Nothing is known that can justify the prediction of another poliomyelitis epidemic at any definite time in the future. Accurate observations of "cycles" extending over a sufficiently long period are yet to be made. It may be that a century will pass before we again experience so severe an outbreak of this disease as visited the United States in 1916.

Little is known about the mode of spread of epidemic poliomyelitis. Direct contact with a case of the disease does not give rise to a new case nearly as frequently as in some other infections. Herrman* as the result of

his New York experience concludes that the susceptibility of children under 13 years to measles is about fifty times as great as to poliomyelitis, to whooping cough about thirty-five times as great and to scarlet fever and to diphtheria about ten times as great. In 1916 out of 7000 cases in New York City there were 252 secondary cases or about 2 per cent of the children exposed. In Newark a history of direct exposure to a previous case could be obtained in but 79 out of 1360 cases.†

Geiger** has given a circumstantial account of remarkably intimate exposure without any resulting infection. A child 4½ years old attending a party on the afternoon of the day on which she showed definite symptoms of indisposition, "was handled and fondled more than usual by those present." "There is a distinct and definite history of this child having played with the majority, having danced with many and in some instances being kissed and fondled by the children present. There was no doubt that some used the same utensils, drinking glass, etc., along with the child. The room was not over 20 by 30 feet, and there seemed to

*Herrman: J. A. M. 1917, 69, p. 163.

†Craster: J. A. M. 1917, 68, lp. 1535.

**Geiger: *California State Journal of Medicine*, May, 1917.

be an unusual crowd present. Further investigation proved that in addition to the contact at the party a number of children visited the child at home and there played with her. No case of acute anterior poliomyelitis had occurred in Mill Valley for several years, so undoubtedly this exposure constituted the first for many children present." Sixty-six children were present at this party, fifty-six of them under ten years and sixteen under five. These children were quarantined under the regulations of the State Board of Health and kept under close observation, but in no instance did symptoms of poliomyelitis make their appearance.

While the relative infrequency with which the disease is transmitted by direct exposure is indicated by this incident and numerous others, it may be safely assumed that epidemic poliomyelitis is spread largely if not altogether by human contact, whether with healthy carriers or frank cases, and the reasonable measures of quarantine and isolation constitute an essential safeguard in epidemic times.

The following general statements appear justified at the present time:

1. Epidemic poliomyelitis occurs most frequently in the summer months and in rural districts.

2. Even in years when it is most prevalent the mortality is not as great as the ordinary annual mortality from other diseases of childhood such as whooping-cough, measles or diphtheria.

3. Direct exposure to a case is not nearly so likely to result in infection as direct exposure to most other infectious diseases.

4. Under natural conditions the disease is apparently limited to human beings, children under five years of age furnishing the larger number of cases.

5. The conditions leading to excessive epidemic prevalence in certain years are unknown, and the occurrence of an epidemic cannot be predicted.

6. Since the conditions leading to infection are not known* it is not possible at present to formulate plans for preventing the epidemic spread of the infection.

7. It is probable, however, that some degree of quarantine of poliomyelitis cases, typical and atypical; and isolation (3 weeks) of known contacts among children will be of value in diminishing opportunities for transmission.

8. Hospitalization of developed cases of the disease would also probably aid in preventing the diffusion of the contagion.

9. The crippling often caused by poliomyelitis is a serious complication but may be remedied in large part by suitable measure of after-care. Parents of young children should be warned that any appearance of paralysis or abnormal muscular contraction occurring after an illness—whether recognized as poliomyelitis or not—is the signal for prompt expert consultation. Complete rest is essential in the convalescent period. The after-care of children convalescing from an attack of acute poliomyelitis is much better understood now than it was before 1916 and if undertaken in time and in the right way holds out great encouragement.

10. It is considered that in Illinois at the present time about one case in three is recognized and reported. This suggests special effort in the development of diagnosis and in bringing about prompt reporting of all cases, suspicious as well as proved.

11. During an epidemic period house to house visitation in stricken districts will doubtless be of value in bringing to light missed cases and in providing suitable after-care.

12. In the absence of exact knowledge regarding modes of spread the individual family may in epidemic times well take special precautions in the way of general cleanliness and sanitation, handwashing before meals, thorough cleansing of table utensils, avoidance of the use of common drinking glasses, and abstention from

*Leegaard: *Dtsch. Ztschr. f. Nervenheilkunde*, 1915, 53, p. 145.

unnecessary travel or contact with crowds.

13. If possible some responsible agency should keep in store a supply of serum for recovered cases.

14. A plan for co-operative research bacteriological and epidemiological,

might advantageously be drawn up by a group of laboratories. The proper machinery for a much needed intensive investigation could then be put in operation with the least delay, in case an epidemic develops in the community.

ONE VIEW OF A SITUATION

There are many opportunities for experienced Public Health Nurses who see the advantages of life in the country. The Main Streets of America are not all Gopher Prairies. Mr. Sinclair Lewis has not described the small town as it really is. There is kindness, friendly neighborliness, education, culture, and art if people only know how to recognize it. There are also moving picture theaters, stores and shops where well-known and favorite articles can be purchased. There are libraries and churches and clubs to which the people of the community are friendly visitors.

Would it not be a splendid, patriotic service to the American people if more nurses with years of experience would leave the cities and take up county work?

County work, or work in small communities, calls for a degree of tact, general knowledge, and excellence in training and experience equal to that of any city public health work. It also requires executive ability equal to that needed in city nursing associations. With this, the County Nurse must understand organization and co-operation. In the country the nurse is not dealing with nurses "who speak her language" but with an entirely different group of individuals, to whom public health nursing is a new story. On her breadth of vision, her optimistic viewpoint, her altruistic endeavor depends much of her success—but in return for these she receives many pleasant returns. She sees the woods and fields and streams; she knows the birds and the flowers; she knows folks—old folks, young folks, rich folks and poor folks—in a way that is often impossible in a great city.

Some nurses have the mistaken idea that to do county nursing is to narrow one's life. Nothing can be farther from the truth. The compensations of the rural nurses are many—and the work well worth trying. Who's ready for The Open Road?

Stella Fuller.

HOW DO YOU WRITE? WHAT DO YOU READ?

By MARGARET BAKER FOLEY

Professor of Library Science

READING FOR USE

A POOR, bald, thin report, a dull, colorless letter, an attack of paralysis at the suggestion that one write a few pages for printing, indicate a lack of imagination and lack of means of expression. Most people's vocabularies are so small they depend on the voice, the eyes, the manner, to convey their ideas. Not long ago I saw a paper by a clever girl in the nursing profession which, in its grammatical slips and slovenly formlessness would have disgraced a ninth grade pupil. The writer was evidently a girl with a vigorous and pleasing personality who could put herself quite easily in touch with an uncritical audience and make them think they were getting something when they were not; when her ideas came to the test of pen and paper, they failed miserably.

You have heard stories something like this: "O, we had a wonderful day! Mr. Blank came for us and he has a wonderful car, a big limousine, and we had such a wonderful drive, away out in the country—O, it was wonderful! And then we came back and he took us to the Blackstone and we had a wonderful dinner there—my! wasn't that ice-cream wonderful!" You know from the speaker's manner that she has had a day of pure enjoyment, that she has had a long, enchanting excursion in a luxuriously comfortable car that gave her the illusion of possessing wealth and leisure herself, etc., etc.—and the only way she can describe it is by shaking that poor word "wonderful" to tatters as a dog shakes a rag.

You see that in telling even so simple a story as this, vocabulary is the first thing needed. The only way to get a vocabulary is by observing what words other people have used and how they have used them; that is to say, by reading.

Make a point of reading good

English and while doing it, take notice of the words. Pick out good strong verbs, and definite nouns, and colorful, interesting adjectives, and use a few of them yourself whenever you write. Get away from vague, general, timid expressions. Notice when you read Kipling how definite and vivid his words are and how definite and vivid they make his situations. Notice when you read Stevenson what crisp, clear-cut words he uses, but with a quite different effect from Kipling's because of his different attitude toward life.

I can imagine someone's saying, "Well, that finishes it for me. I'm not a born reader and I simply do not have time." I don't ask you to develop a passion for reading. If it is a nurse's pleasure to talk or dance or sew or go motoring in her spare time, I should not dream of advising her to stop and devote herself to reading instead. What I want to do is merely to give you a few suggestions about making use of reading to increase your powers of expression.

To dispose of that matter of not having time for reading, I'd say learn to be at home with books. Don't wait for an introduction. People are too timorous about books. Because you cannot eat a whole loaf you don't refuse a slice. Because you have not time for a course dinner you don't go hungry for lack of a sandwich. The first rule for reading is: Use what time you have. Remember Barrie's mother in that whimsical, adoring memorial of her, 'Margaret Ogilvy',—"My mother was a great reader", he says, "and with ten minutes to spare before the starch was ready would begin the 'Decline and Fall'—and finish it, too, that winter."

Don't look at Nutting and Dock's splendid big "History of Nursing" which, incidentally, is as fascinating as a novel—and think you really

must read that some day if you ever have time. Pick up a volume and dip in while you wait five minutes in the office.

Pick up any book and dip in. You know Bacon says some books are to be tasted. I should say, All books are to be tasted. Don't insist, "Oh, I can't bear to begin a thing I can't finish!—I can't bear to read the end before I read the beginning!—I must have leisure and quiet and a comfortable chair; I can't bear to read standing up." You can bear it and what is more, it will be good for you. Let me tell you that the moment a young woman makes such a statement, she betrays the fact that she is getting set. It is not a sign of admirable decisiveness. It is a sign of creeping age and lack of adaptability. Make yourself pick up a book and look at it even if you have no idea of being able to read it through in comfort. Good books are generous. For a mere glance they will give much. Pick up the "History of Nursing" and read that thrilling account of how Ambrose Paré, the famous surgeon, cured the young French lord who was dying of a bad wound, and by his new treatment inaugurated modern methods of surgery,—as interesting as a novel and it does not take five minutes. Or consider the story of John Howard, who in spite of being rich, fortunate and care-free, gave up his life to visiting soberly and systematically the unspeakable horrors of the hospitals and prisons of his time—a tale to inspire the weariest worker, and it does not take five minutes. Or for refreshment and fun take Barrie's "Margaret Ogilvy" and read about the London club, or Kipling's "Kim" for the description of the Grand Trunk Road.

Never refuse yourself a peep at a book because you have not time for more. A handy volume is a great boon. You can get a wide selection of English literature in books small enough to go into your pocket or your bag. Such are the "Essays of Elia," "The Songs of the Yukon", Boswell's

"Life of Johnson", "The Shropshire Lad", "The Imitation of Christ", "The Rubaiyat of Omar Khayyam", "The Arabian Nights"—books for every taste. If you cannot read on the cars it does not take long to snatch a bit from one or the other of these and then you have something to meditate on instead of problems or troubles or emptiness. You may be dead tired and not want to do a thing but sit and look at your neighbors. It won't hurt you to look at them through a veil of cherry-blossoms.

"Loveliest of trees, the cherry now
"Is hung with bloom along the bough,
"And stands about the woodland ride
"Wearing white for Eastertide.

"Now, of my three score years and ten,
"Twenty will not come again,
"And take from seventy springs a score,
"It only leaves me fifty more.

"And since to look at things in bloom
"Fifty springs are little room,
"About the woodlands I will go
"To see the cherry hung with snow."

This is the poem from "A Shropshire Lad" that B. L. T. loved so he used to reprint it every spring in the "Line o' Type" in the Chicago "Tribune." There is a hint for you in that. Read good things over. By that I don't mean that if you have enjoyed a capital detective story you may expect to enjoy it again. The pleasure given by a detective story is in the surprise, the suspense. You cannot be surprised by the same thing twice. The work must have "more to it", as we say, greater, more lasting qualities. It is when you have read your Lamb or your Stevenson over and over, so that they begin to mold somewhat your ideas, that you catch some of their larger manner and begin to weave it into your own speech. As a rule, the better the book, the more often you can read it with profit. Fanny Kemble, the famous Shakespearean actress, loved Shakespeare so that she found in him something for every occasion of her tremendously full and not always very happy life. She really needed no other book, and while she wrote

only letters and a very voluminous diary, she makes the most delightful reading.

Mind, she does not write in the least like Shakespeare. Good literature is not like someone who lends you his coat, which everyone recognizes as a borrowed garment. It is like food. You digest it and make it your own.

Of all old books, the Bible is the best for regular reading. One of the greatest mistakes America ever made was in taking the Bible out of schools. It is the English language itself, or at least the richest treasure of our language. From it you will get history, poetry, breadth of view, stimulus for the imagination, an admirable vocabulary, and perfect English. An excellent thing for English is the old fashion of reading a few lines of the Bible systematically, every day. There is no one small thing you can do that you will find more helpful. But in general, just as every human experience you meet adequately will enhance your personality, so every good thing you read will help you to place the telling word, the effective emphasis.

Get advice as to what to read. Don't be afraid of displaying ignorance by asking. Ignorance displays itself. You can't hide it. Only the man who knows something and wants to know more is wise enough to ask for necessary help. One who tries to do without it is often like a river that sinks in sand and never comes to a normal outlet. Such a man starves where there is plenty. Some people don't know enough to ask advice. A girl was once telling me about the new place her family had just bought, Italian garden, ball-room, "great big library"—"And we are collecting *quite* a library", she said complacently. "Father buys a book on the train almost every evening coming home!"

I suppose "Father" got the train-boy's advice. There is better to be had. Don't be afraid to ask "What shall I read next?" of anyone whose judgment you trust. If you don't like his suggestion, it is not binding.

You don't have to follow it. On the other hand you may find it illuminating. Don't take the current book reviews whatever you do. They are written to sell books and for no other purpose, and the truth is not in them. I would about as soon have the train-boy's opinion. Whether a book is as stimulating as H. G. Wells' 'History of the World,' or as ill-written and futile as Mrs. Asquith's *Diary*, the commercial book-note blares forth only praise and is not to be depended on for a moment.

The Public Library ought to be full of helpful suggestions. I sadly grant you that it isn't always, but it is worth while to try it. Be persistent. It is your right and your privilege. Ask the reference librarian, ask one of the older women at the loan desk, ask to see reading-lists—they have all sorts, 'One Hundred Biographies', 'Best Books of the Year', 'Recent Poets', 'English Novels'—none of them so good as a talk with a person who knows, but still all useful.

And when looking for help from reading, don't forget the silent companionship of books. Just to have books near you, even though you have neither time nor inclination to use them, is a real help. Start owning books. Even if you begin with only one or two in the cheapest form, it is well worth while. Without books, a costly house is soulless; a plain one with books never seems poor. We hear the strangest reasons given for not living with books. I sometimes think the devil of ignorance recognizes the force that will overthrow him and fairly possesses some minds. I knew a girl who loved books and had nowhere to keep her little collection but in her room. She coaxed her father to put up some rough shelves there and her couple of hundred books were the joy of her life, but her mother never looked into the room without fretting. It didn't look like a bedroom, she complained. It was the only room available in the house if company were to come over night, and what folks would think of it she didn't know.

Another girl took me into what she called the library of her house, a dignified room, lined with oak paneling, hung with paintings, furnished with cushiony easy-chairs and a big carved library table. Among expensive ornaments on the table stood a vast inkstand of silver, a silver pen-tray big enough to hold umbrellas, and a great silver writing-case lined with purple morocco—all appropriate enough library furniture. "But where are you books, Elsie," I asked. "All packed up and stored for good", she replied in tones of abounding satisfaction. "When we moved, Mother thought it was a grand chance to get rid of them. She said she wasn't going to have them in a new house, collecting dirt."

So many people's one idea of books is that they collect dirt. "I never read a book I can't get from the library", said a rich woman, "books do gather dust so, I won't keep them in the house."

There is a still funnier class of people,—practical, hard-headed men, who have attained to a sense of the value of books as decorations—but nothing else. I won't speak of the pasteboard cubes fashioned to look like the backs of books and bearing famous names. These are sold by the yard to fill book-cases in rooms where book-cases are wanted for their decorative value. They never fool anyone who has ever had a real book in his hand. But real books are used in the same way. There is a white marble palace on a famous city street, where among other splendors the owners possess an imposing library, all stained glass windows and carved cedar cases filled with the better-known classics in rare bindings. Once in a discussion with friends in that house about something in a certain book, one of the daughters said serenely, "It's too bad I haven't a copy. We have it in the library, but of course Father doesn't like us to take the books out of the cases. It looks so horrid to see a gap left."

But now let me tell you what another, hard-headed, practical, money-

making man thinks about the presence of books. Arnold Bennett has no sentiment and no illusions. The beauty and charm and nobility and power of literature he looks on coolly as assets in his business. He says quite candidly that there are lots of books other folks read that don't attract him. He has by no means a pure love for reading nor an omnivorous appetite for it, but he says he buys books. He used to buy them in the days before he could afford it and now that he can afford it he still buys them. He keeps them around him. He does not do this to enjoy them as decorations nor to make people think him more cultured than he is. He likes to sit in a room full of well chosen books, and to read over their titles even though he knows he will probably never read the books themselves. He declares that just doing that has helped to educate him. And it has. It does. Every book title, every author's name with which one becomes familiar, every little observation about a book—such as that Gibbon's "Decline and Fall of the Roman Empire", which Margaret Ogilvy began while she waited for the starch to cool, is a big solid work in six thick volumes, or that Francis Thompson's famous poem, "The Hound of Heaven," is no bigger than a small pamphlet and can be read in a few minutes—in short, everything one can pick up by familiarizing oneself with the outside of books is a thread in the great tapestry pattern of association which embroiders and enriches the plain web of life.

Every thread helps. Every stitch you set, scarlet or green or azure, develops the pattern. The cumulative value of little things and of associated ideas is very great.

That word *cumulative* is a good one to remember. When Roman soldiers passed by the grave of a hero, each would leave a pebble there in remembrance. Sometimes it would be a single soldier, sometimes the legions marching in their thousands and hundreds of thousands, and the pebbles

would grow from a little heap to a pile, to a mound, and the mound to a hill, a cumulus, solid and lasting as the work of nature itself,—all from separate pebbles dropped one by one. An accumulated fortune is a fortune heaped together bit by bit like a cumulus. Cumulative evidence is evidence piled up bit by bit till it sinks the scale. There are three little practical exercises which I can recommend as having tremendous cumulative value. They are (1) writing from dictation, (2) note-making and (3) memorizing.

Dictation, as it is called in schools, is the simplest thing in the world. It sounds too simple to be very useful. It is merely writing down a passage as someone reads it to you, or if you have no one to read it aloud, copying it directly from the book. This sounds like a game of Idiot's Delight, but its cumulative value is incalculable. It is an exercise never omitted for a day in French schools and the French as a people express themselves with the greatest ease and flexibility, both in speech and in writing.

As to note-making, there are two kinds of things to make notes of and two ways of doing it. If you are reading the life of Florence Nightingale, for example, and notice some interesting occurrence, or some remark you would like to be able to refer to, and you own the book, jot down the page and a word or two to indicate the subject on the back fly-leaf and then you can always turn to it without searching. But if you are reading a book not your own, or even a book that is your own, and you come upon lines that give you a special thrill by their beauty or truth, the best thing in the world is to copy them, then and there, in any kind of small decent note-book that you can keep in your desk or on your table. Don't make long selections. You will usually find that a paragraph has afforded you inspiration or uncommon pleasure when it is in a few sentences. Keep the author's name and the title of the book the

lines may be found in, if possible. Sometimes it will be only an unfathered scrap from a newspaper. Keep it just the same. Anything that makes you, as Mrs. Browning says, "impassioned for its beauty and salt of truth" is worth putting down. Such note-books are called commonplace books. I have never been able to discover why, except that one never puts anything commonplace in them. Read the book over from time to time. You will be amused and gratified as it fills up and you read back to see how your taste changes and improves with exercise.

This note-book will furnish you with suggestions for the third exercise, that of memorizing. The habit-channels of our thought get fixed and hardened pretty early. We read something fine, respond to it for the moment and go away and forget it. We write down a bit of it and the attention required for writing and the re-reading we occasionally give it help to fix it a little better in our minds. But as a sort of gymnastic exercises, which not only stores the memory but stretches and deepens and enlarges those thought-channels, we need to memorize, to pound new thoughts and ways of expressing them into our brains. Something that is good enough to put into your note-book is usually good enough to learn by heart. Choose a few lines for their inspiration or for sheer beauty. Verse is easier than prose and as a rule would be better to begin with, but that is a matter of taste. Don't undertake a long poem. You will probably never finish it and never try another, but write on a slip you can carry in your pocketbook something you would really like to have stored in your memory, and look at it in odd minutes, when you are in the street car or going about your daily ways.

Work at these three exercises when you can. If you drop them, don't be discouraged and think it no use to take them up again. Remember that all good things come by repeti-

tions and failures. Nobody ever goes straight ahead without an occasional lapse. The thing is not to let the lapse be final. Pick it up and go on. Persevere, and then some day when you have tried for a time to follow these hints, you will find yourselves better and happier and more satisfied than you used to be and you

will realize that you have not only acquired a vocabulary but that you have been graduated into the immortal company of book-lovers. And then you may recall what charming Adelaide Sartoris said: "Now to love anything sincerely is an act of grace, but to love the best sincerely is a state of grace"

A CHRONIC CASE

By One Who Is One

Editor's Note—The following was written by a patient who has been on the list of a visiting nurse association for years, except for a short interval during the extreme winter weather spent in the hospital. This patient has a tubercular spine. She was operated upon several years ago, and is confined to her bed. The visiting nurse does the surgical dressing daily and gives general care. The nurse has taught her how to embroider collars and cuffs, and this occupation has served, not only as a pastime, but as a means of earning pin-money.

A chronic case is interesting to no one. If the patient cannot be miraculously cured during the first few months of serious illness, he should die modestly, be respectfully buried and duly forgotten. But when one has to live on for years after an operation which perhaps was the last resort, and answer the question as to one's feelings by saying, "Just about the same," 365 days in the year, one ceases to be of interest either to the doctor or to anyone else; or even to one's self. People seem to look upon the chronic as one long dead but ridiculously unburied. That is why, when I knew that I was to be a chronic invalid and would have to depend upon others to attend to my most personal needs I decided I should have to try and cultivate a cheerful disposition and make the people whose care I happened to be under like me, and to make the caring for me a pleasure instead of a burden as far as that was possible.

I very seldom talk "symptoms" and when I do they are generally someone else's and not my own. Mine happen to be behind me where I can't see them and the visiting nurse makes me so comfortable that I can't feel them and so just forget that they are there.

The visiting nurse has been a friend indeed to me. She is in truth an anchor that keeps me out of the hospital, for without her I should have to spend endless months inside the walls of an institution. I have all the comforts of a home, all the privileges and care of a private patient in a hospital, undisturbed rest at night and absolute contentment. All this because there is a visiting nurse. Long live the visiting nurses, and may we have many more of them!

THE INDUSTRIAL NURSE IN THE FIELD OF PUBLIC HEALTH

By ANNA M. STAEBLER

INDUSTRIAL Nursing is classified as a branch of public health nursing. It can take its place in this classification only when it is developed along public health lines. There are Industrial Nurses who are doing remarkably fine constructive health work, and a few who have not caught the vision and are doing little more than first aid work. Those in the latter class are doing dispensary work without "seeing the man behind the sore finger." This group of nurses cannot be designated as Public Health Nurses. Their work is not constructive, consequently it does not count for economy along health or business lines.

The Public Health Nurse in industry has an opportunity to do considerable health educational work in factory and home. In the factory her best work is done by:—

(1) *Individual instruction* with the employee in the health service department and occasionally while making rounds through the plant. She keeps in mind the fact that while she is teaching health to one man, the information may be carried home by him to the other members of the family.

(2) *Noon Health Talks* may be given at the noon hour by the nurse to small groups of employees. Among the most popular subjects are:—dental hygiene, colds, headaches, constipation, care of the eyes, care of the feet, fresh air, physical exercise and recreation, food, posture and tuberculosis.

Classes in home nursing are always popular and are a good vehicle for education in hygiene.

(3) *Posters*, preferably pictorial, should be posted regularly throughout the plant. A few nurses have organized poster committees among

the employees, who make original posters. Use is often made of pictures cut from magazines and the best wording suggested is used in connection with the picture.

(4) *Health leaflets* are kept at the entrance of the health service department and the employees are encouraged to help themselves and take them home.

Nurses frequently make interesting reports regarding the results of this method.

(5) *Health articles* for publication in the factory paper may be written regularly by the nurse. These should be in simple language and written in an easy interesting manner.

NUTRITION

This is a subject about which many Industrial Nurses concern themselves. Many factory cafeterias and restaurants have been established as the result of the nurses' influence. The under-nourished are given milk between meals and the weight of the employee is recorded each week.

An excellent milk service is greatly appreciated in a number of plants; the milk being delivered at the work bench at 10 A. M. and 3 P. M., and sold at cost. This is especially welcomed by those who live at a distance and must have breakfast at six or six-thirty A. M. In summer an especially good grade of ice-cream is sold.

Not only the nutrition, but the general physical condition and the moral environment of the minors in industry are supervised by the nurse. With 50,000 minors employed in gainful occupations in Massachusetts, the Industrial Nurse may well concern herself regarding their well being.

SANITATION

The inspection of the sanitation is almost invariably one of the duties

of the nurse. Poor lighting and ventilation may affect the health of the worker. The control of the spitting nuisance is the bugbear of the nurses' life. Even though the plant be so highly organized as to employ a sanitation engineer, the nurse can do more than even he toward controlling this danger, by educational and competitive means.

The employe is a part of the community, and anything which affects his physical or moral well being in the plant or in the home has a community relationship.

The Industrial Nurse's work is not complete unless she can follow up her cases into the homes. The consensus of opinion is against the nurse looking up all absentees regardless of the cause of absence. There is a decided feeling that she should visit only where there is sickness, suspected sickness or trouble. Home visiting gives the nurse an opportunity to apply her knowledge of every branch of public health nursing. She may give pre-natal advice, instruction in child welfare and home nursing. She will have opportunities to tactfully apply her knowledge of food values, budget keeping and home sanitation, especially in the case of the foreign-born mother. She is a marvel in stimulating competition during clean-up week.

Occasionally a nurse will find a tuberculosis suspect or an advanced case of tuberculosis in the family and may need to use all her powers of persuasion in order to have him submit to a thorough chest examination and follow instructions. Not only bad health conditions are found, but bad housing, overcrowding and bad moral conditions as well.

The Industrial Nurse in a large city finds it much easier to solve her problems, because there are health and relief agencies to handle almost any case which may arise. The nurse should know her available agencies and how to use them intelligently. Provided she has this knowledge, she can do much in referring her cases by telephone if her

firm objects to her leaving the plant to make home visits.

The nurse in the isolated country village, whose only excuse for existence is the one mill, has a much more interesting field than the nurse in the city. There may be no health or relief agencies. There may not be even a physician, let alone her best friend, the visiting nurse, so she must sharpen her wits and try to stimulate the community to realize its need for health and relief work. There is a story I enjoy telling in order to show what an Industrial Nurse may do in an isolated community. At the close of the Influenza epidemic of 1918, I asked a nurse to take an industrial position in a small factory town where every resident was connected directly or indirectly with the factory. The nearest physician lived four miles away. There was the immediate aftermath of the epidemic and several very sick children. The physician was too busy to answer all calls so he threw an unusual amount of responsibility on this nurse, because he saw that she was efficient and possessed excellent judgment. She was welcomed in the homes, and because of the nursing care and instruction she gave, became firmly established in the confidence of the people. She soon systematized her day's work, spending certain hours, morning and afternoon, in the mill, making rounds through the plant and visiting in the homes. In order to relieve herself of too much bedside nursing, she started home nursing classes for the mothers and older sisters, who might care for the sick members of their families under her instruction, thereby relieving her for other work. When planning for her suite of rooms for the health service department in the mill, she included a physician's office. Arrangements were made for two physicians to come on alternate days from the nearby towns to attend to the mill employes and to receive, in the office, any resident as though it were his private office. The office is given rent free and the nurse makes the appointments for the physicians.

Bad physical condition among the children were observed by the nurse so she tactfully won her way until each week she gave two short talks on hygiene in the village school. Intelligent social work is done in cooperation with certain State agencies.

The corporation boarding house fell far short of being attractive, so finally through the influence of the nurse, it was remodelled and most attractively re-decorated for the men.

A new house was built for the use of the girls and is in charge of an excellent house mother. Especially good meals are served in these homes.

Only a sporting instinct to surmount obstacles could have taken this fine nurse to such a village. Matrimony has kept her there, but her good work goes on, because she has continued in her position. We are told that the Public Health Nurse is the right arm of Preventive Medicine. There have been times when this

nurse has had to be everything to her community.

The Industrial Nurse in the small town has been the stimulating factor sometimes in the organization of a visiting nurse association; child welfare work, better tuberculosis service, health centers, school nursing, social and recreational activities; has helped to improve the sanitation and housing and has kept up the morale of the community in time of epidemics.

The Public Health Nurse in Industry has golden opportunities for constructive health work. The development of the opportunities may depend upon her knowledge, ability and personality, or upon the reticence or readiness of her employer in allowing her to use her judgment and initiative. When the employer sees that *prevention* is more economical than *cure*, he will realize that there is a difference between the Public Health Nurse and "just any nurse".

INSTRUCTION IN TUBERCULOSIS

The U. S. Public Health Service is to give a short intensive course of instruction in tuberculosis for medical officers and nurses at their Sanatorium in Oteen, South Carolina, during the month of September. It is expected that the class for physicians will be entirely filled from the medical personnel of the service. The class for nurses is designed for the chief nurses of the Tuberculosis Hospitals east of the Mississippi under the management of the U. S. Public Health Service. These will number about fifteen and the Surgeon General has very generously consented to admit to this class fifteen civilian nurses. Preference will be given to nurses holding positions in institutions or who wish to enter this field, but nurses in other lines of work will be considered.

Miss Alice Stewart, General Superintendent of the Tuberculosis League, Pittsburgh, Pennsylvania, will be the Director of the course for nurses and applications for admission to this class should be addressed to her. The course will consist of lectures and practical demonstrations covering two to four hours per day and the nurses will spend three to four hours each day in practical work in the various wards of the institution.

It is understood that in consideration for this work in the wards the U. S. Public Health Service will furnish quarters and maintenance for the nurses. The only expense involved, therefore, will be transportation to and from Oteen.

SETTING TO WORK AS A COUNTY NURSE

By MARY G. FRASER

(Continued)

II. BED SIDE CARE

A NURSE entering a community to introduce public health nursing will very often find bed-side care to be the one and only form of nursing understood by the community. Many of the physicians, also, do not know about the work of a Public Health Nurse, but thoroughly understand the work done by a trained nurse in caring for sick patients. A physician of this type can best be shown the value of public health nursing by the nurse giving bed-side care to his patients when he calls upon her for this assistance. This may in many instances interfere with the program of the work that has been planned, but experience shows that a nurse who refuses to give bed-side care when called upon for this service retards the progress of public health nursing in the community, regardless of other excellent nursing activities which she may have established. Throughout all the work as an instructor bed-side nursing should be used as the best means of demonstration and teaching.

A nursing bag with the necessary equipment should be secured as soon as possible. If such a bag has not been provided by the committee and they are unable to secure it locally, one can be purchased from the Stanley Supply Company, New York City. The complete bag, with equipment, will cost about thirty dollars.

In many of the smaller towns it will be found necessary to establish loan closets; it is well to have these in connection with the local health center; Red Cross Chapters will be glad to furnish them with the necessary supplies.

GENERAL ROUTINE CARE IN THE HOME

Upon entering the home remove your hat and coat, folding the coat right side out on a wooden chair a-

way from the wall, pin hat to coat.

Place your bag on a chair or table with newspaper underneath.

Instruct some one to have a supply of hot water and necessary articles prepared while you are seeing the patient. Request them to have these supplies ready for you on your return visit.

Ask the person who has been caring for the patient for the doctor's orders and instructions.

Before going to the patient's bed-side put on your apron and roll up your sleeves, taking the necessary articles from your bag, place them on clean paper napkins on a table by the bed-side. If there is no table available, use a chair for this purpose. Take everything from the bag at once to prevent unnecessary handling.

Place the articles you require for washing and disinfecting your hands on the sink, if there is no sink use the wash bowl. Look out for inquisitive little children.

Take patient's temperature, pulse and respiration.

Place newspapers, one on chair for wash basin, one on floor for soiled linen, one for soiled dressings which are to be burned.

Be sure the room is warm enough before proceeding with the bath.

Bath: Cover patient with blanket or sheet.

Soiled linen should be placed on paper with stains turned in.

Avoid all unnecessary exposure of patient at all times.

Give a thorough cleansing bath, giving particular attention to the back, watch carefully for the development of bed sores. Use preventive measures to avoid their development.

Clean teeth and nails, comb hair, protecting pillow with towel.

Make bed as completely as possible with clean linen. Instruct person caring for patient to have a supply of clean linen ready for your next visit.

Before leaving the house, wrap soiled linen in paper, burn all soiled dressings. Leave a record of the work done for the physician, instruct the family to give this report to the doctor when he comes to see the patient.

Be sure the person caring for the patient understands your instructions, use simple language, do not give too many orders at once.

Teach a little each day, in this way you may be able to get your instructions followed.

BED-SIDE CARE IN CONTAGIOUS CASES

As there are no special hospitals for the care of contagious diseases in the country town, we must depend on the care given to the patient in his home. We do not have the congestion of the large city, nearly all of the country families living in an individual home with yard. This makes isolation and quarantine more practical than is possible in the city; it also makes enforcement of laws more difficult, as there are fewer health officers to enforce them and the neighbors are not greatly interested when the cases are not in their own homes.

If a family has the intelligence to appreciate the danger of infection and is willing to follow instructions, it is not so difficult to care for these cases at home and prevent the spread of the disease, but when you find an ignorant dirty family with a contagious case in the home it will tax your ingenuity to prevent the spread of the disease in the community.

If a severe out-break of a contagious disease occurs in your county, discontinue other activities, go to that section and devote all of your time to the control of the disease by visiting and instructing in the homes of the patients. Get in touch with the County or State Health Officer.

Carefully instruct the person caring for the patient to:

1. Isolate the patient in a room alone.
2. Select a room where patient can have plenty of fresh air and sunshine, as far away from the other part of the house as possible.

Have all unnecessary furniture removed from the room, instruct the family how to dust with a damp duster and sweep with a damp cloth on broom to avoid raising dust in the sick room, use disinfectant to dampen duster and broom cloth, keep these in patient's room during illness and destroy at termination of case.

3. Keep all other members of the family out of the sick room.

4. Use a gown when caring for the patient, this gown to cover the entire dress including sleeves, keep this gown in the sick room, folded so that the inner surface is not contaminated.

5. Disinfect and scrub hands after caring for the patient. Demonstrate how this should be done.

6. Keep pan of disinfectant on a table or chair outside the door of patient's room, use this every time the attendant leaves the sick room.

7. Disinfect all linen used by the patient by soaking in a pail of disinfectant, keep this in the sick room and boil before handling.

8. Keep a dish pan filled with cold water in patient's room, place all dishes used by patient in this pan, boil before washing in the kitchen sink.

9. Wrap all food left by patient in a newspaper and burn.

10. Keep disinfectant solution in all bed pans and urinals.

11. Disinfect urine and faeces before they are thrown in toilet, by pouring a disinfectant over them and leaving it in the vessel for half an hour. If the toilet be an out-door privy vault or water closet have excretion stand for one hour.

12. Have patient use paper napkins or toilet paper to expectorate in, use newspapers or paper bags to place the soiled napkins in, burn twice a day.

13. Teach the family to keep toilets clean and in a sanitary condition, scrub daily with a disinfectant.

For disinfectant purposes the following solutions are good, simple and cheap.

1. Creolin solution 2 % for disinfecting hands.

2. For disinfecting clothing and faeces. Dissolve four ounces of fresh chloride of lime in one gallon of pure water, or half a pound in two gallons. Pour one quart of this into a vessel with each discharge of the patient and leave it in the vessel for an hour before throwing it into the privy vault or water closet. *Note. This solution will bleach colored cloth. If solution No. 2 is offensive, use solution No. 3.*

Disinfection solution No. 3.

Dissolve four ounces of corrosive sublimate and one pound of sulphate of copper in one gallon of water. Use this for disinfecting clothing and bed clothes. Add a teaspoonful of it to two gallons of water. Soak the clothes in it for two hours, then wring them out and boil them. This solution is poisonous and must not be kept in metal vessels, nor poured into lead pipes.

To disinfect privy vaults and cesspools use one gallon of solution No. 3, to three gallons of water. Pour this over the contents of the vault and into the cesspool. All parts of the vault and the woodwork should be thoroughly wet with the solution. This should be done every day while the disease is in the house.

Solution No. 2 or No. 3 may be made by the barrel, and kept in a safe place where children and animals cannot get at it.

Teach the family that it is not necessary, but is dangerous to expose every child in the home to the disease, that if proper precautions are taken the other children can be protected. Tell the danger to the child resulting from contagious diseases.

If you are caring for other cases and should have a request to make a call in a home where there is a contagious disease, make this call at the end of the day. Wear a long sleeved gown and cap. Leave your coat and bag on the porch or in another room away from the patient's room. Take all the supplies you will need out of your bag before entering the sick room. After caring for the patient disinfect and scrub hands, remove cap and gown, fold so that the inner surface is not contaminated, put in a large paper sack and request the person caring for the patient to keep for your return visit. Scrub and wash up the second time before leaving the home.

Termination of case. Instruct the family how to disinfect the room by thorough cleaning and scrubbing with soap and hot water, woodwork, floors windows, linen to be boiled, bedding washed, mattress if badly stained to be destroyed, if in good condition it can be placed in the sun for a number of days, scrubbed with a disinfectant and sent to the renovators to be cleaned.

VENEREAL DISEASES

Instruct the family to keep separate dishes and utensils for the patient.

Protect toilet by washing seat with a disinfectant after being used by patient.

Advise family to have patient use a vessel for evacuation if there are many persons in the home.

Instruct that linen be carefully disinfected before washing, that there is great danger of infection from this source.

Persons caring for a patient with open lesions or a discharge, should wear rubber gloves. If nurse gives this care she should use rubber gloves, leaving them in the home while caring for the case.

PRENATAL NURSING

Advise every expectant mother to have a complete physical examination made by a physician as early in pregnancy as possible, this examination to include pelvic measurements, examination of heart, lungs, abdomen and urine, and the taking of blood pressure.

The urine should be examined every four weeks during the early months, at least every two weeks after six months and more frequently if indicated.

Wasserman test to be made whenever possible, especially when indicated by symptoms.

Instruct the woman in hygiene of maternity.

- | | |
|-------------------------|--------------------|
| 1. Exercise in open air | 4. Care of breasts |
| 2. Kind of clothing | 5. Diet |
| 3. Care of Bowels | 6. Rest |

Provide her with one of the Mothers' Books which you can secure from the State Board of Health for free distribution. Advise her to read:

E. P. Davis, M. D., *Mother and Child* Ed. 3, revised 1911, \$2.00. Excellent manual for the mother, giving advice about the care of herself and her child.

W. S. Sadler, M. D., and L. K., M. D. *The Mother and Her Child*, 1916. 450 pp. McClurg, \$1.75. Very practical and up-to-date presentation of hygiene of the Mother and Child written in a plain style that makes it usable by a woman of little education.

Give woman list of articles of clothing necessary for the baby.

If she expects to be confined in the home have her prepare the necessary outfit for home confinement.

Urge your expectant mothers to go to a hospital if there is a good one in

the neighborhood, if not ask who will care for them in their homes during confinement.

There should be an adequate income to allow the woman to remain at home through the nursing period; this may mean that the nurse will have to report the family to a relief organization for assistance during this period.

INFANT WELFARE AND PRE-SCHOOL CHILDREN

1. Urge that the birth of every child born in the county be registered.

2. Instruct the parents as to the importance of treating the eyes of new-born infants to prevent blindness.

3. Urge mothers to breast-feed their babies.

4. Teach them how to bathe and clothe the infants.

5. Instruct them as to the value of fresh air and a sufficient amount of sleep for babies.

6. Where the infant is given artificial feeding, carefully instruct the mother in the preparation of these feedings.

7. Teach mothers how to select and prepare food for infants and older children.

Visit all expectant mothers whose names you may be able to secure. Get a list of the babies born in the county within the last two years. This you can secure from the clerk of courts. Visit each child's home to advise the mother in its care. Instruct her to bring the child to the nearest health center you may have in the county to have it weighed and measured.

When artificial feeding is given to a child be careful to find out if this is given at the direction of a physician, as the country mother rarely considers it necessary to consult the physician about the baby's feedings. This advice she usually secures from the neighbors. If you discover a child who appears to be undernourished or who does not seem to be properly fed, urge the mother to take the child to a physician, point out to her the danger of incorrect feeding.

Inform her of the high death rate caused among infants from this cause.

The country mother has access to a supply of fresh milk, but does not always make use of this. We find many of them using condensed milk for the feeding of their babies. When you visit in the home, inquire into the method in which the woman keeps the milk. Very often you will find it in an uncovered dish in a dark dusty cellar. The country people rarely use ice, but should be urged to secure a supply as it is an easy matter for them to put up their own ice during the winter months when the men are not so busy with other work.

Teach the mother how to bathe the baby, but tell her to leave the eyes, mouth, nose and ears alone.

Explain the proper amount of clothing for summer and winter wear for the baby and how to care for clothing by washing carefully, emphasize care in washing napkins and woolens.

Urge the necessity of vaccination for all children.

Advise carefully as to the causes of summer diarrhea and how to prevent same, by the proper feeding and clothing of the child. Instruct the mother to protect the child from flies and insects.

Instruct the mothers as to the diet for the older child; the care of the growing child's teeth; the care of the growing child's eyes; advise mothers to protect children from contagious diseases, that it is injurious for children to have these diseases.

For every child attending the health center conferences, make a simple record card giving the name, age, height and weight. Have the mothers bring the children to these conferences as often as possible and give them another card to take home with them.

Have some local woman who is interested in this work and willing to give her time, take charge of the health center during the day you expect to be there. You can train her to weigh and measure the babies, so

that if at any time you find it impossible to get to the health center she could carry on the work. Do not call these meetings clinics, unless you can secure the service of a physician to examine the children.

Instruct mothers to bring all pre-school children to these conferences, this will enable you to examine them and have the necessary corrections made before they enter school.

Readings on Child Welfare.

Holt, L. E. M. D.: *Care and Feeding of Children*. Ed. 9. 1918, 215 pp. Appleton 85 cents. The best known standard work; much revised in this edition. Written in the form of question and answer. More in detail on feeding than any other.

Kerley, C. G. M. D.: *Short Talks with Young Mothers*. Ed. 9. 1918, 325 pp. Putnam \$1.00. The fullest work, including feeding to the sixth year; excellent on diseases. Follows Holt in feeding. For the well-to-do mother.

Hedger, Caroline, M. D.: *The Well Baby Primer*, 1919. 27 pp. Elizabeth McCormick Memorial Fund, 6 N. Michigan Avenue, Chicago. Single copies 20 cents. Lessons in simplest language on the care of the baby, for foreign mothers to use in learning English. Well graded, accurate and helpfully illustrated.

Ramsey, W. R. M. D.: *Care and Feeding of Infants and Children* 1916, 280 pp. Lippincott \$2.00. Clear, comprehensive and accurate manual for nurses, admirable for the well educated mother but too difficult for the uneducated or ignorant one.

WHY IT IS WORTH WHILE

THE following letter has come to us in response to a "Ten minute inquiry", recently sent out by the National Organization for Public Health Nursing, as to ways in which the Organization has been of help to its members. It is the kind of message that comes to our minds on the tiring, discouraging days, when we, too, feel like giving it all up (because even editors feel that way sometimes), and helps us also to "carry on".

Dear Public Health Nurse:—

"I received a letter yesterday asking me to tell in 10 minutes what *you* meant to *me*. I can't tell in 10 minutes what any friend means to me, much less one that means as much as you do.

They should be here where one's county covers 5,000 sq. miles—be here in summer when your Ford boils and refuses to go farther, and you drive to one side of the road—stop—"kill" your engine and from behind the seat, pull out the latest "Public Health Nurse" and read an article—for of course *you* are far more interesting than the view, which is always just hill after hill of brown grass, never a tree or house in sight. At last the engine is cool enough to get to the next house, which is perhaps 5 or 10 miles, where you borrow some cool water and go on. One has time to think of what you have told them and enjoy you.

Or in the winter—when it's winter here—and I come in cold, tired, hungry, discouraged and find *You*. Why this month, after a return from the "Dough" family, the case where I want the little girl to have massages every day, now that she is home from the orthopedic ward where I have had her—didn't *you* tell me about Carl Brown? And

when I was hungry for someone to talk shop to, didn't Helen W. Kelly talk shop? And doesn't she know the hunger one feels for a fellow-nurse? Only, how needless to say she had done rural work! Of course she has, for how else could she know *so* well? Oh! I thank *you* for her article. And yesterday when the Health Officer and I went to a little town 40 miles from here to vaccinate the school children, didn't he make a call, and weren't *you* there? And while waiting I read "A Township Dental Clinic".

And now they ask what do *you* mean to me? Just this—a friend that comes every month and tells me what other nurses are doing—helps me over problems by telling me how, and "shop talks". No one knows how I miss them here. *You* are a friend that will come every month this year, and the next and the next, and on and on, for *you* are one friend I expect to keep forever. I shall see *you* change as we see our other friends change. Ten years from now *you* won't be telling me what *you* do today, any more than I shall be worrying over today's problems. But I will be worrying over 1931's problems and *you* will be telling me solutions for 1931. *You* mean as much to me as any personal friend I have.

How have *you* helped me to help my community? Why *you* keep me here when I am so tired I don't care what happens and I want to go "somewhere else." Then *you* told me of other nurses with just as hard problems and asked me where was my "grit" So I've looked around and found it and stayed on and when the "little lonely devils" come, *you* quickly tell of the work in the city; at last, before I know, it's bedtime, and the long lonely evening is over and the "little lonely devils" are gone.

I've tried to tell what *you* mean to me—just as much as other friends mean. *They* think I can tell in 10 minutes. *You* and I know better."

THE PUEBLO DISASTER

By M. ELIZABETH SHELLABARGER

*Former Director, Course in Public Health Nursing, University of Colorado
and Colorado Fuel and Iron Co.*



One Patient's Home after the flood.

THE first news of Pueblo's disaster reached me in a small town only a hundred miles distant from the unfortunate city. We were quite cut off from any communication with the devastated district until a few telegrams came in by way of Salt Lake City and it was three days before we knew that residents from our town were safe who were on the train that reached Pueblo just as the wall of water crashed through the railroad yards. Finally a local jeweler arrived unannounced on a train that was sent one-hundred and fifty miles around, where bridges were safe. I heard him tell of his experiences to the crowd of anxious hometown people. He looked worn and excited; he had only one shoe, one foot was bandaged. He displayed the trust in his train crew that people on the streets seem to have had in their bridges when they could hardly be driven from them before the whole structure was carried away by the torrent.

This man watched the water run across the platform, then went to his berth in the Pullman, soon the porter told him he had better get into the upper berth because the water was almost up to his bed in the aisle, therefore he climbed into the upper and even went to sleep while the train was pulled out to other tracks that seemed safer. Very soon the porter from the next car yelled, "You all better get out, my car went over and I lost all my passengers but I couldn't help it!" Following this advice our hero grabbed a few clothes and managed to climb with other passengers to the top of the coach; he lost one shoe in some way and this proved to be a great inconvenience, because in the hurry he did not find his hose.

However, he kept pace with the others in climbing from one car to another. The hail and rain chilled everyone to the bone, but they were kept busy searching for places to hold. As they clutched the top of

the car, the men kicked out the windows on the side to get a foothold, only to find it necessary to hunt a car that was not sinking or turning over.

The noise of the current and breaking timbers was deafening, as houses floating down-stream would hit the steel cars, break and clog the stream; until it seemed as if a burning lumber yard bound their way would put an end to their anxiety. This mad fight for life kept up from ten o'clock until four A. M. when some one shouted he could take them to safety. They were lifted and pulled to the roof of a packing house, where other freezing passengers, a few children and women clad only in night dresses, had gathered round little bonfires.

After a few hours the water fell until it was possible for the men to help the women and children to the inside of the packing house. Then they ventured out to find higher ground, but progress was slow, as they made their way under box cars, over piles of debris, with a step off into mud that seemed a bottomless pit.

During the sojourn at the camp on top of the packing house one of the men was discovered in a pool of blood; a tourniquet was made from torn clothing and a hemorrhage from a lacerated limb was stopped. As the party started for better quarters the patient announced that he was going to faint away. Our hero said, "It was awfully good of him to tell us because we had time to put his head down and his feet up on a barrel and so prevent one of the party from lapsing into unconsciousness at a time when it was important to move before the next flood would strip the building."

Before night these passengers reached friends in the city where they could get dry clothes. In comparing experiences they decided that not more than five people from their train were seen being swept away in the flood. After three days they were able to resume their journey by walking five miles from town through the mud to the nearest train.

Three days after the safe arrival of these passengers in our town I received a telegram from the Red Cross nursing headquarters in Denver requesting me to meet a unit in Pueblo. The next difficulty was to get a permit to go to Pueblo. The station agent would not sell me a ticket, even though I held Red Cross orders. I was sent to the mayor for a permit which he was glad to give me, but it was a strange document, a recommendation as to my character and reliability, which demonstrated how little he knew of the Red Cross Nursing Service and the reason for its existence.

After he had given the permit this Mayor, who is also a local undertaker, asked if I would go with his party to Pueblo, saying that he would dare to try the washed out roads.

I wished to go as quickly as possible, and we started ahead of the train, at six in the morning. With the party, in a big car, was an Austrian woman with her six months' old infant, going to search for some of her family in the flood district. I thought he would surely be sent back at the city lines because of the baby, but we went swiftly down the canon, following the Arkansas River which was dashing over the banks. We had no obstacles in our way that bright, cold morning except the dangerously narrow road in many places, a tire blow-out which was quickly repaired, and half-way to our destination a cable bridge with guards to give us a permit to pass. This bridge seemed very terrifying, because the Arkansas River was dashing against the boards over which we passed.

After fording two young rivers we were stopped by the first city guard and they said we must go back, until they saw my uniform. Then they said, "Go on, a Red Cross Nurse with the party." The second guards were more exacting, but we were all passed, even the baby. The men were given paper passes to wear in their hat bands. We passed the broken reservoirs of the water-works, then into the resident district, where



The Flood-Swept Grove where Austrians and Italians were crowded.

dry goods of every description were spread upon the lawns. Mineral Palace Park was filled with hosiery and underwear from the largest downtown store,—a strange sight, such rows and rows of muddy clothing.

I went to the City Hall where I reported to the Director of the Southwestern Division who had gotten in three days earlier from St. Louis. When the Director of our State Division arrived with the unit from Denver in the afternoon we were billeted at the Y. W. C. A., where we had light, good drinking water and even shower baths. We were assigned to stations under the direction of the U. S. Public Health Surgeon.

Our commanding officer said we arrived at just the dead-dog stage of the game, because horses and cattle had been removed and they expected to comb the district about three times. We continued this sanitary inspection for a week, often walking in mud knee-deep, so that we found the need for khaki short skirts and high boots. The streets were lined with huge army trucks, shovel gangs, and now and then a funeral proces-

sion, and hopeless looking pedestrians searching for their property.

The Pueblo people furnished all workers with a wonderful army mess where we could get safe food and water. The great banquet hall of the new auditorium building was crowded at meal times with workmen, sanitary officers, and nurses, hungry as wolves after weary tramping in the mud.

All back yards and ash-pits were inspected for garbage and the eagle eyes of the nurses spied out every particle of organic matter that was not burned or buried in Pueblo.

As we were released, the Health Department announced that there was little illness in the city and we hope no epidemic will follow the awful disaster. Two local nurses were retained for sanitary work in the worst districts by the Health Department, and money was provided through the Red Cross for three nurses to do follow-up work in co-operation with the school teachers, who were organized by the social workers to carry on the rehabilitation work. Three local nurses were enrolled for this six-weeks' service under the direction of the Red Cross.

RECUPERATION

By ALMA C. HAUPT

*Assistant Superintendent, Visiting Nurse Association
Minneapolis, Minn.*

IT was late in August when two young women reached an island summer hotel in one of Minnesota's beautiful northern lakes to recover from the arduous tasks of the winter and early summer. One of us had lead a strenuous life as a private secretary to a most exacting business man; the other had spent her energies as a Public Health Nurse. Each wanted to get away from typewriters, telephones and street cars; each wanted to plunge into physical activity of a different sort—and each found what she sought on the Isle of Pines. Two weeks of life in the wilds, of days of dazzling sunshine, of crisp breezes among the pines, of gorgeous sunsets across the western sky, and of moonlight evenings brilliant with Northern lights that shifted like a kaleidoscope—two weeks of such rare treats completely effaced the din of a noisy city and the rush of a day's work. But one day alone might have done the trick,—at least one such day as we spent about the middle of our stay.

A mile away, and stretching far into the wilderness of the east end of the lake, lay Pine Island, its irregular shore line and its dense growth of pines and birches appealing strongly to our imaginations as a region to be explored. How far it was around the island, no one seemed to know; it was estimated at from twenty to thirty miles. Seldom had the hardiest old native investigated its depths. Many an animal was known to inhabit its shores, and it was said that moose came out of the thickets at night to drink. Here lay possibilities for adventure.

At eight o'clock in the morning we set off, our canoe well stocked with provisions for at least one meal. We wore the conventional dress of the woods—middy blouses and kahki trousers tucked into high boots. The day was bright and cloudless, with a

slight breeze which helped us along all morning. Following closely our map, we skirted along the south shore for five miles. The big open bay on our right was sparkling and the canoe danced along toward a distant point whose outline was hazy because our eyes could not penetrate such a depth of sunshine.

The shores on our left were high and rocky, great slabs of stone rose out of the very lake, their flat surfaces in some miraculous way giving a foundation, if not nourishment, to the hardy pines whose naked roots spread over them. Behind rose the high ridge which marked the center of the island. At one point we noticed a sentinel of pines—six trees much taller than the others—standing in a straight row, their great stalks waving at the top a few scraggly branches, all pointing toward the north, as though they were flags blown by the southern breeze.

Presently the distant point became more clear, and soon we shot past it into a small cove. The thrills of our adventure had scarcely begun. We were in a labyrinth of little bays, for here the shore of the main land came very close to the island. We were hemmed in on all sides—hemmed in by trees and sky and water—absolutely alone with nature. On a barren birch tree sat a lonely crow. Otherwise there was no sign of life. We proceeded with a sense of awe. Never had we seen such real beauty, such gems of little lakes. The birches were turning a soft yellow, and flickered gently at us as we passed. We scarcely knew whether to turn to right or to left, for the shore seemed to be playing a game with us—to be hiding new beauties and to be obscuring the passage ways we sought. Our map was of little avail in this maze—instinct alone guided us beyond one extended arm and then an-

other. At last we felt sure we were in a closed bay, for there were no evidences of any exit, until just as we were about to turn around we caught a glimpse of a tiny outlet hidden between the rocks. As we made for it, we noticed a crude cabin (probably a hunting lodge) tucked away under the evergreens. It seemed almost a sacrilege to have it there, but as we approached and saw that it was deserted, it also acquired the remote stillness of the place.

The little outlet bent sharply to the left, bringing us into quite an open body of water that stretched ahead like a wide river for four or five miles. For a time, at least, our suspense was over—the way was clear in front and we were relieved of uncertainty and attune to the glories of the day, we kept time to our paddles with old college songs and ragtime. We whistled our way along with no interruption—not a single soul passed us; once a flock of fifty young ducks splashed across the lake in front of us, making silver waves to dazzle us all the more.

In the distance, low in the water, lay a yellow mass toward which we aimed. As we drew near, the color gradually changed to a light green, and we discovered it to be a large clump of reeds. Here the course became again uncertain. Ahead was a high bank; the map indicated that we should turn to the right, so we fumbled among the reeds and where the shores were lowest and seemingly grown together with grasses, we discovered the channel. Again nature had tried to fool us.

Coming out from the reeds, there stretched before us a narrower river dotted with many stony islands. The shore on the left rose high—and there on the top were our sentinels, still waving toward the north. We knew then that we had passed half way around the island. We had paddled four hours without stopping—in fact, we had only changed paddles once, and now the sun was beating very straight on to our uncovered heads.

To make the trip complete, we wanted an ideal spot for our lunch, and so we paddled on for an hour until we came to a little cove almost encircled by a tiny arm of the island. We clambered out, found a natural hearth of rocks close to the water, and cooked our meal. Never did bacon, eggs and coffee taste better. Our dining room chairs were moss-covered rocks protected from the sun by thick "Christmas trees". The fire died out, the meal was over, and still we did not move. Too tired, you will say. Not so at all; so happy and content with the events of the morning and the pleasure of being away and alone in such a beauty spot.

It was three hours later when we noticed that the sun was slanting. Quickly we took to the canoe; our grasp of the paddles was firmer than ever. We were sure of the way now, and sped along whistling again, pleased that we had accomplished something. Small islands grew large as we passed them, points that seemed to stick straight out into the lake bent up as we went by. And then, before us, we saw a darker island than all the rest; it was the Isle of Pines on which is the heaviest virgin growth. A row boat was in sight and the occupants were our friends to whom we waved hysterically. At half past five we reached our dock. Yes, we had paddled all around the island. No, we had not made any short cuts by portaging. We had not been attacked by any wild animals. It had taken us just six hours of steady, but not strenuous, paddling. The cottagers seemed disappointed that their rescue parties would not be needed. As for us, there was not a single disappointment about the day. We went to bed, tired, happy, and completely recuperated from our city life. No longer were we nurse and secretary—we were explorers of the wild, dwellers in that vast land of "Pines and pines and the shadow of pines, as far as the eye can see; "A steadfast legion of stalwart knights in dominant empery."

SOCIAL SERVICE

By JOHANNA A. GRUBER

Welfare Worker, Edgar Thomson Works, Carnegie Steel Co.

Braddock, Pa.

(Concluded)

III. CASE WORK

INDUSTRIAL concerns are employing welfare workers whose duties are to advance the economic and social welfare of the community, to help to raise life to its higher standards by instructing, helping and adjusting various kinds of distress.

As Mr. William B. Schiller stated in his article on "A New Force in Industry", "There has come about a realization that the family of the employe is almost as essential a force in a particular industry as the employe himself. And there has come a realization that whatever is done to make the condition of life of the worker more happy is likely to be repaid in good will and in work well done."

1. *By whom are cases referred to the Welfare Department.* I have been asked this question quite often. Cases are brought to our attention through many and various channels, such as:

- Foremen.
- Department Superintendents.
- Reputable physicians.
- Clergymen.
- Superintendent of Schools.
- Welfare organizations.
- Families interested in the welfare of the community.
- People who are or have been under our care.

So, you see, there is no danger that we cannot be reached. The case is referred to the Welfare Department by one of these channels, and in order to handle the social problems successfully, identification with the company the man is employed by, as well as with the community, is absolutely essential.

2. *The Method of Approaching the Case:* The social worker makes her first contact in order to obtain the social history; the confidence of the people must be gained, and the psychology of the social worker's approach to a case is very important—in fact, it is so important that the results she endeavors to obtain in order to rehabilitate the family largely depend upon the method she uses in approaching her case.

The social history enables the social worker to make a social diagnosis, in other words, find the cause of the maladjustment or the problems presented; and by knowing what her resources are she applies the necessary treatment and, if possible, removes the cause of maladjustment. By this method she rehabilitates the family; at the same time she keeps in mind the importance of preventive work and practices it as she goes along.

When taking a history, one of the first questions asked after obtaining the name and address, is the social status, for example:

- Single man.
- Single woman.
- Married couple.
- Widow or widower.
- Deserted man or woman.
- Divorced man or woman.
- Separated man or woman.
- Unmarried mother.
- Unmarried couple.
- Married woman with illegitimate child.
- Children separated from parents
- Full or part orphans.
- Illegitimate children.

The problems a social worker is confronted with are numerous, and may cover:—

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Unemployment.
 Under employment.
 Strike or lockout.
 Child labor.
 Industrial misfit.
 Disability through industrial accident.
 Death from industrial accident.
 Tuberculosis.
 Venereal diseases.
 Other sickness.
 Blindness or sight seriously impaired.
 Other physical handicaps.
 Feeble-mindedness.
 Epilepsy.
 Insanity.
 Other mental diseases.
 Old age.
 Death and burial.
 Alcoholic intemperance.
 Sexual irregularity.
 Desertion or non-support.
 Imprisonment.
 Juvenile delinquency.
 Abuse or neglect of children.
 Debt.
 Loan shark victims.
 Pauperized by unwise charity.
 Hereditary pauperism.
 Begging tendency.
 Illegitimacy.
 Illiteracy.
 Domestic incompetency.
 Domestic infelicity.
 Bad housing.
 Non-adjusted immigrant.

This list will reveal the many questions that arise for solution in the Social Service Department. The work done by our department does not only mean charity and philanthropy that cares for victims of vice and poverty, but we conduct work so classified as to solve, if possible, the problems that are presented. The classifications are as follows:—

Regarding circumstances.
 Employment sought for and given.
 Personal hygiene.
 Public hygiene.
 Domestic science.
 Care of the mother.
 Care of the baby.
 Care of the sick.
 Cases taken to dispensaries.
 Cases taken to hospitals.
 Cases taken to sanatoria.
 Placing of children in private homes.
 Placing of children in institutions.
 (a) At request of schools.
 (b) At request of charitable agencies.
 Visits made for the good of general welfare.

Definition of Classifications: 1. Regarding circumstances. Under this classification we have two distinct subjects, (a) Educational phase; (b) Case investigation.

(a) Educational Phase. This includes correction by legal procedure, attorneys, moral, juvenile, desertion and non-support cases, etc. Lectures and addresses, health exhibits, thrift, Government campaigns, American Red Cross, etc.

(b) Case Investigation. Obtaining a general outline of each individual case, especially including financial circumstances. We clear all our cases with the Co-operative Welfare Association and Associated Charities in Pittsburgh. By this is meant that we give them a summarized history of each case and they report to us if any other organization is or has been working on the case.

There are certain situations in which material relief is required. Three of the principal ones are:

Prolonged illness of the breadwinner.
 Death of the breadwinner.
 Enforced unemployment.

First Type—In the prolonged illness of the wage earner, if necessary, hospital care is furnished and the family is looked after in general.

Second Type—Where the bread winner meets with death, I advise the mother to remain with her children, and charity must come in order to enable her to perform her duties and not give up in despair. I always advise the woman to obtain some employment.

Third Type—Enforced unemployment comes in times of business depression, when hundreds of men, willing, strong and eager to work, are unemployed; at such times there is destitution in many humble homes. The family income is exhausted, and misery, hunger, cold and sickness are the result. This is owing, in the larger percentage of cases, to the indiscriminate valuation of the money that is earned by the breadwinner during the time he is employed. Regardless of what has caused the condition which presents itself one must render assistance; at the same time one must make every effort to help the family to become self-supporting as soon as possible.

The social worker must always bear in mind that incorrect charity encourages people to settle down into a parasitic condition and to give up the trouble of self-support. In order to carry out the standards and principles of the right kind of help or relief, one must know the family and its surroundings and refuse firmly to give help to those who have been offered work, but who refuse to accept it and persist in begging. If these rules are observed, material relief is given without serious damage to the character of the dependent person and good results are achieved.

2. Employment sought for and given. We conduct a free employment bureau for men, women and girls, the two latter for domestic and factory services, while the former we try to place in any of the various industrial concerns of the community. However, I am sorry to say that the question of employment is a problem just at present.

By seeking employment for the people, a channel is opened up through which money can be given honestly and avoid pauperism. In order that the person for whom employment is being sought can be successful in his work he must be well, and in order to be well he must be taught how to keep well; and this leads us to the next classification.

3. Personal hygiene. This includes the teaching by instruction or demonstration of the general care of the body, such as bathing, proper clothing, care of the teeth, ventilation, etc.

4. Public hygiene. To maintain health one must live in a clean home. We teach the importance of good drinking water, general cleanliness of the home, care of cellars, out-buildings, street, outdoor and indoor toilets, fumigation, disposal of garbage and care of garbage cans; sterilization of utensils, disinfection of linen, etc., and co-operation with Boards of Health.

5. Domestic science. This includes the teaching of economy and the family budget, what types of

food are wholesome and how to prepare the food for the well members of the family, as well as any who are sick. Since we expect efficiency of the employe, we must consider his home conditions. In the case of the married male employe whose wife is ill, the employe cannot do justice to his work as he could under normal conditions; therefore we make every effort to teach the family how to keep well.

6. Care of the mother. This includes instruction as to proper care, starting with the prenatal period, during delivery, and through the nursing period.

7. Care of the baby. By this classification we refer to the teaching of the general care, proper feeding and personal hygiene of the baby—that is to say, the infant welfare work. To my mind, this and the last-mentioned classification are two of the most important subjects the welfare worker has to deal with. We all know that correct care during the prenatal period and infancy means a good foundation for adult life, in other words, we are helping collectively to build a nation that comes up to high standards both physically and mentally.

8. Care of the sick. Where the attending physician makes a diagnosis I visit the case and instruct the wife, mother, or whoever is looking after the patient, how properly to care for a sick person. This is usually done by demonstration and by written or verbal instructions. It includes the care of sick babies, of sick mothers, or of any sick members of the family, the giving of medicines, baths, poultices, proper use of ice caps, hot water bottles, etc., also massage and the giving of hypodermics. Should the patient we are caring for be a widow with children and not able financially to purchase the sick-room supplies, they are loaned to her and she returns them after the recovery of the patient. When it is not possible, financially, for the patient to consult a specialist, this advice is provided.

9. Taken to Dispensaries. We have the services of all the city dispensaries, such as eye, ear, medical, surgical, etc. Should the patient be too ill to be cared for at home, we take him to a hospital.

10. Taken to Hospitals. Thorough investigation enables us to decide whether the patient should be admitted as a free, part or full pay case. Should the case be one of pulmonary tuberculosis, the patient is sent to a sanatorium.

11. Taken to Sanatoria. This includes the placing of patients in

- (a) Tuberculosis Sanatoria.
- (b) Fresh Air Homes, such as Valencia or Harmarville, Pa.
- (c) Sanatoria for the insane, epileptics, feeble-minded, aged.

There are times when a social worker is compelled to break up a home, either temporarily or permanently. You will remember, that in a former paper I said that the breaking up of a home should only be done when there is positively no other method that could be resorted to.

12. Placing children in private homes. We have two distinct types of placement: First, With the consent of the parent or parents. Second, Without the consent of the parent or parents.

Referring to the first type: both parents may suffer from a prolonged illness, or the mother, a widow, may be ill and must be given institutional care, or the father, a widower, is compelled to board his children. We usually have the children placed either through the Children's Service Bureau or the Children's Aid Society, the parent paying when able to do so.

The second type includes all cases in which it becomes necessary to file a petition in court; the children are gotten by a worker from the Juvenile Court, the case comes up in court with a judge presiding, and it is then decided whether or not the children shall be placed by the court. If it is decided, they are kept under the jurisdiction of the Allegheny County Juvenile Court until such time that the worker can present a report to

the judge that the parents are again able to care for their children, and only then are they allowed to return. In cases of cruelty or immorality on the part of the parents the children have to be placed. We frequently come in contact with incorrigible children.

13. Placing of Children in Institutions. This includes the placing of children who are not feeble-minded, in institutions for correction such as Morganza. The problems arising in connection with children are often brought to our attention by the schools and are investigated at the request of school authorities. Often the child is not in attendance owing to sickness in the family. Information is given in regard to pediculi, skin diseases, eye, ear, tonsil and adenoid involvements, etc.

Again, problems arising with children are often referred to us by other charitable or welfare agencies, and visits are made at the request of institutions such as the Associated Charities, Mothers' Assistance Fund, Children's Service Bureau, etc.

14. Visits made for the good of general welfare. Numerous visits are made which cannot be specified under any of the above-mentioned classifications. These visits are preliminary steps in solving specific problems, such as interviews in private homes or institutions for child placing, interviewing superintendents or foremen in regard to individual family conditions of an employee; or, for instance, visiting a bank to start a bank account. Our contact with the individual case is made either by a visit to the home, or the man or woman, whichever the case may be, calls at our office for an interview.

3. *General Suggestions:* I would advise the Industrial social worker, when starting out on her day's work, to wear a plain dress made of gray or dark blue washable material, preferably with white collar and cuffs, sensible shoes, plain hat and coat, excluding all jewelry. One cannot put too much stress on the mode of dressing, as it is so often found that

workers visit these humble homes dressed to the height of fashion, in silks and satins, jewelry and beads. The psychology of this is not good.

Our hours of duty are from 8 a. m. to 12 noon; from 1 p. m. to 5 p. m. Saturday afternoon and Sunday off duty. We have various methods of transportation—by foot, buggy, street car, train and auto.

Plans for the Future:

We still have some plans for the future, which are as follows:—

(a) A Public Health Center, which is, we are very glad to say, well under way, due to the generosity of Mrs. W. B. Schiller, who is one of Pittsburgh's most progressive social workers. This Health Center will enable us to have our dispensary cases cared for in our own town, will give us the much needed assistance of Public Health Nurses, a dental clinic, milk and ice fund station, in other words, a Community Center where we shall be able to conduct mother and baby clinics. Better results are obtained when one can teach collectively instead of only individually. The Health Center will be a distinct blessing to Braddock.

(b) We are also contemplating properly supervised playgrounds for the youngsters of our town.

(c) One very important phase of welfare work, which, I am sorry to say, has not been established in Braddock, is the Community Day Nursery. However, we have been informed that this also will be added to our list within the near future. To a trained mind, whose object is to improve social, economic and ethical conditions of the town, the Day Nursery is rational charity.

The purpose of the Day Nursery is to provide care for the children of those widows who are compelled to go to work to support their families, or the children of sick mothers. The Day Nursery's aim is to give the mother an opportunity to work, where

otherwise, through indiscriminate giving she would beg. The Day Nursery gives her an opportunity to make an independent living and it cultivates selfrespect. This is why it is rational charity.

Statistics reveal that over fifteen million men of draft age, between 18 and 36 years of age, were found to be illiterate. A report of this kind is not at all surprising when one comes in contact with numerous families where the elder children are compelled to stay at home to care for the younger children while the mother is out working for the day. Only a Day Nursery can solve a problem like this.

Conclusion. We invariably come in contact with people who speak of corporations as soulless and heartless monsters. I am not prepared to say that this opinion may not have been aptly applied in certain specific instances at some stage of industrial development, however, the social development of the corporation in the last decade or so has brought about many changes for the betterment of the people. The endeavor is being made to consider the employe as an individual.

SAMPLE CASE STORIES

Case A.

The case of the P. family was brought to our attention by the Poor Directors of Allegheny County. The history revealed that the man had been employed by the Carnegie Steel Company for some time; was two years at the Edgar Thomson Works.

Mr. and Mrs. P. had been married only three years when the husband died of tuberculosis after being in a sanitarium for some time. Two little children were left, Albert, aged two years, and Joseph, aged seven months. Mrs. P. had a severe attack of influenza when baby Joe was born. The mother was unable to care for him on account of her prolonged illness, and the baby was therefore entrusted to the care of well-meaning but untrained women of the neighborhood, who did all they could to make baby well, but little Joe remained weak and thin, and had a struggle for life from the beginning. When the case was referred to us that baby was 19 months old, suffering from rachitis, and weighing only 12 pounds. We immediately

took the child to Dr. Vates, specialist in pediatrics at the South Side Hospital. The physician recommended hospital care and said the child would be deformed for life if he did not receive proper treatment.

At the hospital, the child for weeks showed no improvement, the authorities often informing us that baby was very weak and the mother should be summoned. Dr. Vates continued to be very much interested in the child. Due to his untiring efforts, baby Joe became stronger and ceased his habitual pitiful whining. Prospects turned for the better, and baby improved slowly. He was soon able to sit up, and although in size he was like a baby of six months, his actions were quite "big", making a most amusing combination, and he soon became the most popular patient in the hospital. Even outsiders were interested in him and paid him regular visits. We also received inquiries regarding adoption, but the mother would not hear of this.

Baby Joe was in the hospital three months, and was sent home recently, considerably improved but still in need of much care and proper attention. Daily visits are being made at his home, to instruct the mother in baby hygiene, feeding, etc. Before our interference the child was given cheese, rich cakes, and other unsuitable food. We find Mrs. P. a very progressive pupil in this line, unlike many of our mothers who consider the proper methods inconvenient and insist on caring for the baby in their own way, usually with very bad results.

Our department also referred this case to the Pittsburgh Milk and Ice Fund, who furnish baby one quart of certified milk daily free of charge. The child is examined by Dr. Dranga of the Fund at regular intervals, is steadily gaining in weight, and now has all chances of becoming a strong and healthy boy. All danger of illness and deformity, however, has not yet passed, and we shall therefore continue to take care of the baby for an indefinite period.

Case B.

This case has been particularly interesting and we have been able to carry out the reconstructive work quite effectually, owing to the hearty co-operation of the family.

The family consists of a widow with seven children; Harold, age 16; Urban, 12, Edwin 12, William 11, Bernard 9, Vera 6 and Francis 2. Nationality American.

The breadwinner was a laborer at the Edgar Thomson Works. He had been ill for two years prior to his death, which was due to tubercular peritonitis. The man carried \$450.00 insurance on which the family had borrowed \$300.00 during the year preceding the father's death. One can picture the physical and financial condition the mother and children were in when the father was called. It has been necessary to keep this family under strict medical observation because all were exposed to bacillus tuberculosis for two years, and their resistance power was considerably lowered, due to

malnutrition, making the susceptibility so much greater. We have mother and children examined at regular intervals.

Considerable time is spent on the teaching of personal hygiene. We took the family to Dental College where the necessary attention was given them. Each child has been furnished with a tooth brush and a glass mug. We impress upon the youngsters the importance of cleaning the teeth and scrubbing of hands, especially before meals.

We had Edwin, Urban and William in the South Side Hospital, Pittsburgh, for the removal of tonsils. Both Edwin and Urban were 18 lbs. underweight. With our present efforts we are hoping to increase their weight to normal, as we are furnishing both children each a quart of milk a day and Trommer's Malt and Cod Liver Oil. Coffee has been entirely eliminated. In the summer the mother and children are given a vacation of two weeks in the country.

While the influenza epidemic was raging, we were kept very busy in this household, but were able to avoid fatalities. Harold, the eldest son, is able to do only outdoor work owing to the tuberculosis history of his father, but he has proven to be a model son—always turns his pay envelope over to his mother. The woman goes out cleaning several days a week and the County gives a monthly grocery order for \$12.00.

Through the reconstruction work done in this family we have been able to avoid the possibility of destruction of an entire family by tuberculosis and have succeeded in keeping together a mother with her children instead of breaking up a home and placing the children in an orphanage, a proceeding which is detrimental to both the mother and her offspring. The social worker should fall back on the services of an orphanage only in emergency or as a last resort. By not adhering to this rule, her efficiency is undoubtedly lowered.

Case C.

Considerable time has been devoted to this case, but we in return feel that we have actually accomplished the very necessary reconstruction of the family.

The case was referred to the welfare department by an Edgar Thomson master mechanic. We were informed that Mr. C. had been employed by the Edgar Thomson Works for 23 years. Occupation: Stationary engineer. Mr. C., owing to illness, had not been able to work for about one year. His funds were exhausted and the family were in destitute circumstances, although they would not ask for charity.

We called on the family, took a history of the case which revealed that the family consisted of Mr. and Mrs. C. and three children; aged respectively, 10 years, 8 years, and 3 years. Nationality, American. The house the C. family are living in is of a better type than the average house we come in contact with. It is also located in a better section of the town. The family occupy five rooms paying \$22.00 rent per month. Mr. and

Mrs. C. are rather shiftless, which explains their present financial embarrassment, although Mrs. C. is a neat housekeeper and is very co-operative.

When the worker asked Mrs. C. from what illness her husband was suffering she stated that he had eczema. He had consulted various physicians since he was first taken sick, but appeared to be getting worse instead of better. The worker asked to see him, but Mrs. C. informed her that her husband never allowed her to bring anyone into his room. When the worker entered the adjoining room, where Mr. C. was lying on a couch, he used profane language; although after a diplomatic approach and explanations as to the reasons for the worker's visit and the procedure she would consider advisable, Mr. C. consented to be taken to a dermatologist, provided he did not have to go by street car. This wish was granted. The man certainly was a pathetic looking specimen. His face was covered with discharging wounds and indurated areas.

From the medical history obtained, the symptoms strongly pointed to a luetic infection, which was later verified by the dermatologist; in fact, the latter stated that this case was one of the worst he had ever come in contact with.

Mr. C. was quarantined in the County Hospital at———, where he received anti-syphilitic treatment. The C. home was fumigated. Wassermann tests were taken on the woman and children. Mrs. C. was 4 plus positive; the children are negative, but this does not ascertain that they are not suffering from the infection. Repeated tests are necessary at specified intervals.

A collection was made among Mr. C's fellow workmen, and the Welfare Department donated groceries, shoes, paid a gas bill and transportation to and from dispensaries.

T——, the 8 year old little boy, met with an accident while playing, which resulted in a fracture of tibia. He was conveyed to the Allegheny General Hospital, where he was admitted.

After the elapse of three months, Mr. C. was released from hospital with the understanding that he be kept under strict medical supervision and continue with the anti-syphilitic treatment. He appeared to be very appreciative, also deeply concerned about his son's accident. We fully explained to Mr. C. the extreme importance of his full co-operation in strictly following up the treatment in order that he might be able to work steadily. He seemed very anxious to follow out our plans. I communicated with the department superintendent, whose co-operation was greatly appreciated as he advised that we give Mr. C. a letter to the employment agent, and he could again return to his former duties. Later, we were informed that Mr. C. had not returned to work as he was ashamed of a scar on his face.

I immediately called on the C. family, found Mrs. C. very much disturbed over the fact that her husband made no effort to return to work. I found Mr. C. sitting in a

rocker in the dining room. I asked him if he had returned to work since he had returned from the hospital. He said "no". I asked for a reason. He said he was suffering from abdominal cramps. I asked him if he had consulted Dr.—— of the State Department of Health, as we had advised him. He said he had not, owing to abdominal cramps. He had made no effort to communicate with me and had not informed me of his present disability which apparently prevented him from returning to work. He was told that he had other responsibilities besides bringing children into the world; that according to the law of the State of Pennsylvania, he as the father, is compelled to provide properly for his family, and if he did not comply with the law he would be dealt with accordingly. I further informed him that he was now dealing with the Edgar Thomson Welfare Department and not with his wife, and gave him 48 hours in which to decide between the following three courses:—

1. If again physically impaired (which must be ascertained by a physician), he must go to a hospital.

2. If not physically impaired, he must return to work, or

3. He would be sent to the Allegheny County Workhouse to chip stones until he decided to support his family.

Mrs. C. thanked me and said she felt sure her husband would return to work.

My private little lecture has changed the situation for the better in this home. A report from the department superintendent stated that Mr. C. had proved to be a steady worker, in fact, does much better work than before and appears delighted to be again able to work. He is also continuing with the treatment prescribed for him by Dr.—— of the State Department of Health, and we are following up the problem of thrift in this family, which is so essential.

Our social diagnosis is as follows:

- (a) Disability through luetic infection on the part of the breadwinner, resulting in non-employment and poverty.

- (b) Luetic infection of the woman.

- (c) Shiftlessness on the part of the family.

Treatment applied as follows:—

1. Physical treatment consisting of (a) hospital and (b) dispensary care.

2. Temporary relief.

3. Obtained employment, which ought to prove permanent.

4. General instruction.

Through the reconstructive work done in this family we were able to check that prevalent and dreaded disease syphilis, which, without proper treatment, results so disastrously in chronic involvements, such as insanity, etc. Had we waited until this family had been totally disabled, the cost of their maintenance in an institution—when these, according to statistics, are overflowing—would have been far greater than that of the procedure followed. On the other hand, we again have the services of a good working man, and have also avoided breaking up a home.

ORGANIZATION ACTIVITIES

AT the recent meeting of the Board of Directors the resignation of Mrs. Bessie Haasis as a member of the Board of Directors and member of the Executive Committee was read and accepted with regret.

Mrs. Haasis' long and exceptional service as a member of the staff of the N. O. P. H. N. made her advice as a director extremely valuable. Mrs. Haasis' new family responsibilities make it impossible to serve in this capacity at the present time.

However, all the members of the N. O. P. H. N. will rejoice in the fact that Miss Crandall has consented to fill this vacancy and in the knowledge that she is once more in close touch with the administrative work of the organization.

The following story excellently illustrates what the N. O. P. H. N. means to a nurse trained on a large staff who has taken up pioneer work in a little manufacturing district or rural community.

A nurse who had been approached half a dozen times by her superintendent to join the N. O. P. H. N., but always had an excuse to wait until to-morrow, went to a nearby state to work by herself. She did not realize how much by herself she was going to be—that she would be the only graduate, registered nurse in a whole county. Also, she did not realize that the second question asked her by the reception committee as she stepped off the train would be, "Where is your gold pin? Are you a member of the National Organization?—Oh, we thought you were a good Public Health Nurse, you know, from Chicago—but aren't you a member of the National?"

Her committee barely gave her any peace until she became a member of the National Organization, because in that little struggling but thoroughly well organized community, the

New York office, over fifteen hundred miles away, had been of such constant service by means of correspondence that the committee could not believe that there was a good Public Health Nurse in the country outside the fold of the N. O. P. H. N., because, as they said frankly, "It has meant so much to us—we should think it would mean more to you because you are a nurse. How can you hope to work without it and its magazine?"

The nurse found some flaw in her eligibility—there was something and she was a long time establishing her credentials and becoming an Active Member of the N. O. P. H. N.; this meant a lot of correspondence, but every time she wrote an answer to their questions she put in a question of her own, and the answers to these questions helped her so much that she said to her former superintendent, "You ought to have *made* me join the National Organization—See what I have missed all these last three years!"

The following tribute to the National Organization for Public Health Nursing comes from Florence R. Freeman, an enthusiastic member of the N. O. P. H. N. at work in Ste. Croix, Virgin Islands.

1. Who helps to set and maintain uniform standards and brings North and South, East and West together? The N. O. P. H. N!
2. When questions arise as to methods, policies, etc. in public health nursing, to whom do we go for information and advice? The N. O. P. H. N!
3. Who secured positions for me on more than one occasion? The N. O. P. H. N!
4. In developing new work who supplies the latest literature on the subject? The N. O. P. H. N!
5. Who never fails to help? The N. O. P. H. N!

Miss Freeman's constant use of the personal pronoun shows that she considers the N. O. P. H. N. a personal friend, to whom she can turn at all times.

BOOK REVIEWS AND BIBLIOGRAPHY

LIBRARY DEPARTMENT

THE LIBRARY PROBLEMS OF THE PUBLIC HEALTH NURSE

By FLORENCE BRADLEY

HOW can I take care of my books and pamphlets?" is a question that takes its place along with other nursing problems. Perhaps it is not quite so urgent as "How much bedside nursing shall I do?", but it is frequently asked by nurses visiting the N. O. P. H. N. Library Department and deserves consideration.

Surely nothing is more disheartening than a great stack of pamphlets and bulletins on the desk or the closet shelf, collected for the last six months with the idea of reading "some day." That quiet hour of enjoyment is just as illusive as the rainbow of gold—it is always just beyond. To make matters worse, showers of magazines and bulletins continue to come with every mail and there is even the occasional thunderbolt of a new book that must be read right away—how can one ever catch up!

First of all, reading is a habit, born to some but depending on cultivation in others. Reading should thread our whole day's schedule—perhaps it can be likened to intellectual "breathing". If practiced constantly, it serves as a mental stimulant which sustains and lightens all forms of daily routine that otherwise prove weary and dull. The great difficulty in this day of extravagant publication is to know how to discriminate between what to read, what to keep, what to discard.

A first suggestion to those burdened with unread health literature would be to keep up with the daily mail. The only way to prevent the postman from swamping you completely, is to learn the general character of the regular publications, many of which can be scanned hastily and disposed of instantly. The second point is to learn to note all material that may not have an immediate interest, but

that suggests a value as reference material or for some other reason. Such material can usually be classified roughly and filed. Having disposed of this much, there is still that third point to be dealt with—how to accomplish actual reading and to do it systematically.

Here we might apply a rule that used to be given to library-school students, read something about everything and everything about something. It may be indulging in a hobby or favoring specialization, but it really does more—it helps to focus the interest and train the eye for scanning, so that literally "he who runs may read".

Next, watch for those writers you like to consider authorities on certain forms of work. You will be amazed how frequently your eye will light upon their names. There are, of course, certain publications deserving more than this superficial skimming of their tables of contents—those you will want to read from cover to cover, but be sure that you have a list of them in mind with a clear cut reason for including each title in your list of regular reading.

To go back to that group which may serve as future reference material, it is necessary to care for it by inventing some simple filing method.

No two people ever agree on how this may best be done, but there are several methods. Do you want your pamphlets and clippings filed by subject or by author?—do you want all material together on the subject of child welfare or do you prefer having publications of the Children's Bureau in one place, those of the American Child Hygiene Association in another and those of your state board of health in still another? Usually it is the subject that is of more importance, but sometimes the

authorship takes precedence. If both are essential, there is no way of avoiding the card index with cross references. Space does not permit an explanation of how best to keep such a finding list, but the nearest librarian will always lend a helping hand in such a difficulty.

Most libraries consider that pamphlet boxes arranged on shelves are preferable to filing cabinets, because more economical of space and in purchase price. If the collection is to be small, however, it is very convenient to have the filing cabinet, as one or two units can easily stand with the correspondence files and not be too bulky. Pamphlet cases, though, are not ornamental. Satisfactory cases may be obtained from almost any office supply company or from the Library Bureau. They are made of wood or pasteboard, usually canvas covered, and open end—or side-wise.

The simplest classification is gained by making a list of subjects upon which you wish to gather material. Have pamphlet boxes or filing folders labelled with corresponding subjects, and keep arranged in alphabetical order. As new pamphlets or clippings are to be added, decide on specific subjects and assign by noting in pencil on the pamphlets, which can then be filed. For a large collection, this alphabetical order is not as satisfactory as the more expansive numerical order, but it is economical of time. There are many schemes of classification. The one commonly used by public libraries is called the Dewey Decimal—an adaptation of which is used for the N. O. P. H. N. Package Library. (Copies of this may be had on request.)

The collecting of books is perhaps more interesting than that of pamphlets and clippings. It is not the care and classification of books that is the difficulty, but rather the selection and purchase of these. Where funds are limited, it would seem almost essential to make one governing rule—not to buy a book without seeing it first. It is usually possible to arrange with a book

dealer to send books on approval, or with a library to lend it. The latter suggestion has the added value of stimulating the library's purchase of books on health, which is not to be ignored. Where there are no book stores, it is well to establish credit with the book dealer of the nearest large city, as such companies supply the books of all publishers and often arrange a nurse's discount.

Public Health Nurses have to do so much reading that the book item is apt to be a large one. The point to guard against here and in the whole library problem, is not to spend too much time and effort doing what your local public library or state library commission has already done or should do for you. A librarian can usually furnish all the reviews of recent books; she has periodical indexes from which special articles in current or back magazines can be located; she has the U. S. catalogs for looking up publications of books, a Granger Index listing almost every poem ever written, and will probably be interested in searching out health stories for teachers and school nurses. In return, the Public Health Nurse can be of great service to the librarian by recommending books for the general collection and by taking an interest in the library's pamphlet collection, which should contain all the best material on health. In this respect it is well to keep in mind that a fair share of each year's book appropriation may be spent on health literature. That the Public Health Nurse should assume some responsibility in the selection of these books is obvious. An illustration of what can be accomplished in this way was given recently when a county nurse asked the N. O. P. H. N. Library to furnish a short list of recommended books for a public library. The nurse sent duplicate copies of the list to each library in her county, with the result that seven libraries bought all the titles listed, three could afford only half and will add the remainder next year, while only two felt there would not be sufficient demand.

There are many other forms of library interest that will equally well supplement the work of the Public Health Nurse.

A recent phase of organization work in the library world, just as in the health world, is based upon the county as a unit. Almost everywhere there are county libraries, or systems of traveling libraries and book trucks. That these collections should contain the best books on health and public health nursing is quite essential, and the best way to accomplish this is to bring about some feeling of relationship between the county nurse and county librarian. Dealing with exactly the same groups of people, their work necessarily lies in parallels—one offering a physical welfare, the other an educational.

While there is nothing more delightful nor commendable than owning one's books and starting a private library, there are certain forms of technical detail that a nurse should spare herself. That she may receive such help from an allied profession, it is necessary that she interpret her own professional needs. That librarians are interested in the work of Public Health Nurses does not have to be taken for granted—it has been proved by all those state libraries and commissions acting as N. O. P. H. N. State Library Centers. What is now needed is further use of these established centers and of all public libraries, for the greater the demand the greater the supply. This can only be done by the nurse in the field.

READING LISTS

A pamphlet containing lists of books and pamphlets on all phases of community health; also of bureaus and organizations from which health material may be obtained. Of interest to nurses, teachers and librarians. Library Department, National Organization for Public Health Nursing 370 Seventh Avenue, New York City Price, Twenty Cents

The Child Health Organization, 370 Seventh Avenue, New York, has recently published four short Health Plays for Children by Eleanor Glendower Griffith—The Magic Oat Field, The Little Vegetable Men, The House the Children Built and A Wonderful Window. Adorably illustrated. The set 25 cents, single copies 7 cents.

An extremely interesting development of the Health Play idea is another new booklet, also published by the Child Health Organization, Health Plays for Children as developed by Teachers and Pupils in the Public Schools in New York. This is a collection of plays given in a contest in New York under the auspices of the Child Health Organization, the New York State Department of Farms and Markets and the Department of Home Economics, Cornell University. Forty New York Public Schools competed and the results are here made available to all interested in the dramatic presentation of health habits. It is hoped they will prove a stimulus to other original productions.

Older girls—from 12 to 18—have just been "taken on" by the Child Health Organization in a tiny and attractive booklet—My Health Book. It starts out by saying "Every girl has a right to be as good looking as Nature intended she should be!" And then tells her how she may attain by her own efforts this desirable consummation.

Yet another charming booklet is Little Health Folks of Rockford, Illinois, written by primary children and others of the Rockford Public Schools—Rules and Rhymes, tales and toothbrushes, topped by a playlet.

Black and White illustrations. We congratulate the Rockford children.

RED CROSS PUBLIC HEALTH NURSING

Edited by ELIZABETH G. FOX

THE APPROPRIATION OF A THIRD NATIONAL SCHOLAR- SHIP AND LOAN FUND

THE demand for Public Health Nurses has not diminished. It has changed, however, in one respect. We hear comparatively seldom now pleas from communities to send them a nurse, trained or untrained, so long as they secure her services without delay. Rather do we now have requests from all sides for the best trained Public Health Nurses possible. The value of the well equipped Public Health Nurse has been so thoroughly demonstrated that chapters and other private or public agencies are asking for experienced Public Health Nurses, and if they cannot be immediately obtained, are willing to wait for nurses to finish their courses.

In the hope of equalizing in some degree the supply and demand, the Red Cross has given during the past two years over two hundred thousand dollars in scholarships and loans to graduate nurses to enable them to take a public health nursing course. The Red Cross chapters have contributed approximately an equal sum to prepare Public Health Nurses.

The Red Cross announces for the ensuing year the appropriation of a scholarship and loan fund to be used for partial scholarships supplemented by loans to be added to the students' own resources. These will be available for nurses who are especially qualified to undertake public health nursing. It will not be the policy to grant full scholarships. Either scholarship or loan carries with it the obligation to serve in the public health nursing service of the Red Cross for the year following the completion of the course.

Application should be made to the director of public health nursing in the applicant's residence division.

HEALTH PUBLICITY

All rural Public Health Nurses have the opportunity one time or another of initiating and carrying out a piece of health publicity or propaganda. To be able to do this successfully with not too great preliminary effort and preparation it is necessary that a nurse shall have interested her community step by step in her work and have earned enthusiastic support. One who has been content with a conscientious but solitary performance of her daily duties, leaving the community as a whole in ignorance of the nature of her work and services, will find herself rather at a loss how to proceed when the need or opportunity arises of putting over a health campaign.

The ingenious Public Health Nurse will not only be in touch with the people and resources of her community but will be able to enlist their services in her undertakings.

How easy of accomplishment it may be when a nurse has built up the right relation to her community, may be seen in the following report of Miss Maud Reid, Public Health Nurse from one of the Louisiana chapters of the Red Cross.

"Except for a small number of routine cases, the work for this month was directed toward Health Week activities.

"Six parish schools were visited in order to arrange for health programs and community celebrations. Four of the communities undertook a joint program.

"A week of days was planned to feature certain health phases. Of course we began with Health Sunday in all the churches, both white and colored. We were fortunate in having selected dates that were coincident with Children's Week and for seven days the church people and the Sunday Schools worked hand in



Health Week was a Real Success!

hand with those who were working for health.

"Monday was Hygiene Day, with talks by doctors and dentists in all the schools, emphasizing particularly the care of the teeth. In the afternoon we gave a special talk to women on Cancer Control at the City Hall. At five o'clock we had our parade, to start the week off with a vim and stimulate interest in what was to follow. It was a grand and glorious success. Only Ringling's Circus has heretofore drawn the crowds that lined the streets to view 'Health Parade'. The floats showed much originality and the groups of children aroused great enthusiasm. Tuesday was 'School Day', with programs in the schools, carried out by the children themselves.

"Wednesday was devoted to Sanitation. Leaflets on 'Clean-Up' had previously been given out to all merchants asking them to enclose one in each parcel sent out from the store. Here again we were lucky in having with us a representative of the State Board of Health now conducting a campaign for malaria control in the community. He gave us invaluable assistance, by talks on malaria to

clubs, schools and movie theatre crowds; by preparing news articles on the subject; and by arranging a clever exhibit in a prominent window depicting 'Jiggs Catches Malaria', with a life cycle of the malarial mosquito shown in cartoons. This interested a large number of people who were at first inclined to think of the mosquito as a pest too tiresome to talk about.

"Thursday was 'Tuberculosis Day', and through our Tuberculosis League we had prepared and given to the dairymen printed slips on the care of milk. On this day, each bottle of milk distributed carried one of these slips and went into a home where we hope it was read and will help in having milk kept in a cleanly manner. The film 'Jinks' was secured through the State Tuberculosis League and shown at all the theatres and at Central School. This film in an amusing way teaches the value of fresh air, exercise and other principles of health. Everybody enjoyed it. Of course, we also had slides prepared about local conditions and these were shown all through the week. I was a guest at the Rotary and Kiwanis Club luncheons during the week and gave a short

talk at each to interest men in our work telling them how they could help in the work and making a special plea for children of our community.

"Friday and Saturday were given entirely to Baby Health Conferences. We had 135 babies and children of pre-school age examined, finding 50 per cent of them with one or more defects. The child's examination was recorded in an attractive booklet and given the mother as a souvenir. A duplicate record was retained on a card for my follow-up work. An exhibit was also prepared in the waiting room for the mothers, showing inexpensive home made articles, some quite unique and original and loaned by mothers in town. They included a bassinet, which the proud young father brought himself, a play pen, a model layette, homemade, a refrigerator for baby's milk, and a pasteurizer.

"I feel that our Health Week was a real success because we interested so very many people by getting them to take an active part in it. The merchants entered into the spirit of the week by decorating their windows with articles needed for cleaning up, or as one grocer did, by displaying a special exhibit of well selected food; even the tailors advertised 'Clean Clothes for Health'.

"Our mayor was particularly interested in health and gave us every assistance. About ten days before Health Week the mayor asked the president of the State Board of Health for a food inspector for this city. He stipulated one who was 'hard boiled' and would make a thorough job of it. Dr. Dowling sent us a man who examined every restaurant, bake-shop, grocery, lunch-room, and similar place in town. A report of his findings was sent the mayor, who then put on a special man during Health Week to see that the places needing it were cleaned up and regulations complied with

throughout the town. The mayor is now making plans for an improved city health department.

"An afternoon was spent at Prairie Farm Lands where the community were celebrating both Health and Children's Week. The trip was made with five other women, each on the afternoon's program. Two told stories to the children, two then addressed the parents and I spoke on the care of the child from two to seven years of age.

"I had a visit during the month from the Civics Class at Central School, accompanied by their teachers. The function of the department of health was explained to them, the loan closet doors were thrown open and its uses told, and attention drawn to the really fine posters on health subjects on the walls. I hope these young people went away feeling the health department is not the least important activity of their city's government.

"In company with the Methodist minister's wife and a group of interested women, I attended a meeting of the negro Community Club. We are working for a play ground for colored children, a day nursery for the babies whose mothers work away from home all day, and the organization of a negro relief society that will care for their own poor and needy in an intelligent manner.

"The playground is already an assured thing. One solid block of ground has been purchased for this purpose and will soon be equipped for use. I gave a talk to the Young Women's Missionary Society on social service for young church members, and how they may correlate their activities with those of the public health nursing service.

"The leader of the girls Hy-Y has asked the nurse to outline a program of work for her girls to carry out during the summer.

NEWS FROM THE FIELD

INTERNATIONAL TRAINING COURSE

In view of the excellent results obtained this year by the International Training Course of Public Health Nurses at the University of London, the League of Red Cross Societies has decided to organize a new course next year at Bedford College for Women, which, like King's College for Women, where the first course was held, is a part of the University of London. The course will begin in October.

Nineteen nurses, representing eighteen countries, attended the first course. Nurses from Japan, China and New Zealand have already been inscribed for the new course, and many other inscriptions are expected. As was the case last year, national Red Cross Societies, members of the League, have been requested to offer scholarships to enable Red Cross nurses to take this course.

A STUDY OF DENTAL INFECTIONS

The New York State Dental Society and the Metropolitan Life Insurance Company are co-operating in a study of dental and oral infections as causative factors in certain acute and chronic diseases. The study is confined to fatal cases. It is proposed to send a sufficient number of letters of inquiry to physicians in cases in which the causes of death are diseases which are known sometimes to follow dental and oral infection. The physician will be asked to state, in each instance, whether the reported causes of death were direct sequelae or in any way dependent upon the initial infections of the teeth or buccal cavity. When enough replies are received to afford a safe basis for a conclusion, the facts will be tabulated and published.

(*Bulletin, M. L. I. Co.*)

ANNUAL REPORTS

Columbus, Georgia—The fourth year of the Public Health Nurse Association of Columbus finds six nurses and a supervisor doing a fine piece of work, with a record of 5,775 patients and 23,246 visits during 1920. Great stress has been laid on the work with mothers and babies, and in addition to the prenatal and maternity care given by the nurses, a series of 10 lectures has been given for midwives; about 52 midwives registered for these classes, after taking which the city health officer allows them to practice.

Minneapolis, Minnesota—The Infant Welfare Society has issued a very interesting report for 1920. The care of the pre-school child is the latest addition to the Society's service, and assistance in this work is being given by senior students from the University Agricultural College, under the direction of the instructor in Home Economics. Reports of the various divisions and branches of activity are driven home and made attractive by brief case stories.

Kansas City, Missouri—The 29th Annual Report of the Visiting Nurse Association covers the work of a staff of 31 nurses, who made 59,499 visits to 10,299 patients in their homes, an increase of 3,074 patients and 16,767 visits over the previous year.

Chicago, Illinois—The Infant Welfare Society of Chicago reports the splendid achievement of a 64 per cent reduction in their death rate over a period of ten years. This means the saving of 27 more babies per 1,000 cared for by the Society, or 229 lives saved in one year, the death rate being 15 per 1,000—surely a record to be proud of. The value of pre-natal service has been demonstrated beyond any doubt, when in the lower north

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may be utilized as a wash, spray or douche and has a wide range of usefulness that is referred to specifically in the literature we shall gladly mail, with a 3-ounce sample bottle, to any registered nurse on request.



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Tin box, 30 cents.

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ANNUAL REPORTS

Continued from Page 436

district of Chicago 334 mothers have been carried to a successful accouchement and well, live babies. And the cost has been less than \$1,000 per year per clinic.

Louisville, Ky.—"The Ninetieth Year", published by the Welfare League of Louisville, includes amongst its very interesting material a report of the Public Health Nursing Association for 1920—the first year of the association's work under that title, there having been previously two organizations, the Babies' Milk Fund and the District Nurse Association. The work has been done under three general divisions—bedside nursing, prenatal care and infant welfare. The Association has also continued its agreement with the City of Louisville to supervise the school nurses.

By means of a special nurse it was possible to do intensive trachoma work and to clear up most of the cases in the city; and the Association has co-operated with other agencies in opening a dental clinic for school children at the City Hospital.

Marion County, Indiana.—"Every year in Indiana there are approximately 2,000 children under twelve years of age left orphans by tuberculosis". Miss Mary A. Meyers, Executive Secretary of the Marion County Tuberculosis Association, tells in her report what the problem of tuberculosis is in the County and how the Association is trying to combat it. An interesting paragraph, headed "Health in Industry" tells of the decision to employ an industrial secretary whose duty will be to conduct a continuous campaign of education by distributing literature, placing exhibits every where possible and giving talks to workers in industry, schools, churches, before clubs, etc.

A one-cent tax levy, obtained during the last legislature for the City Health Department to be used for tuberculosis clinics and nurses, be-

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COLGATE'S TALC has long been in favor as a simple dusting powder for the sick room.

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In acute febrile conditions excessive accumulations of sweat solids on the skin are likely to cause restlessness and irritability. Gentle massaging with Colgate's Talc brings about the mechanical removal of sebaceous remains, and has a soothing effect upon the patient.

The exceptional purity of Colgate's Talc and its boric acid content justifies the physician or nurse in giving it preference.

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instance, obtained the following results
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clinic for under-nurished children:

Number of children in clinic.....	48
Time covered	12 weeks
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ANNUAL REPORTS

Continued from page 8

came available in April, 1920. When the new program is worked out, it is believed all cases, both early and advanced, which are not able to pay a physician, will be discovered and brought under health supervision. Indianapolis will then have seven tuberculosis nurses and five clinics for the city and one clinic for the county.

The Indianapolis School Lunch Association is now well organized and has a splendid program; last year 51 schools took advantage of the milk lunches, a number which is expected to increase during the present year.

NOTES FROM THE STATES

North Carolina.—The Annual Meeting of the State Health Officers' Association was held April 25th, at Pinehurst, N. C.

Included in the program was a symposium on Maternal and Infant Welfare, with the following papers:

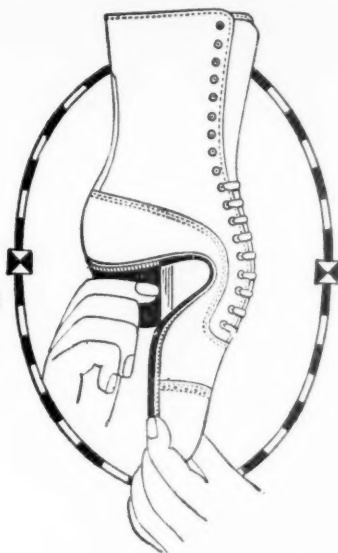
"North Carolina Statistics with Reference to Infant Welfare"—Dr. F. M. Register,
"The Nurses' Relation to Infant Welfare"—Rose M. Ehrenfeld,
"The Midwife as a Factor in Maternal & Infant Welfare"—Katharine Myers.

There was also a symposium on Public Health Nursing, with different phases presented by four of the county nurses and a city nurse.

Action was taken to extend the membership privilege to others than Health Officers and the name of the society was changed to North Carolina Public Health Association.

Texas.—At the recent annual meeting of the Texas State Nurses' Association in Galveston, one session was devoted to the subject of Public Health Nursing, Miss Jane Duffy of the Department of Public Health Nursing, University of Texas, presiding.

In the opening address, reference was made to the excellent work lately accomplished in Texas, through the efforts of Mrs. Ethel Parsons. Mrs. Parsons, as Director of the Bureau of Child Hygiene for the Texas State Board of Health and of Public Health Nursing for the American Red Cross



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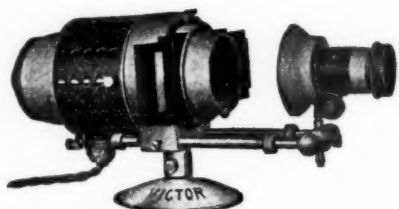
BOSTON—*Jordan Marsh Company*
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NOTES FROM THE STATES

Continued from page 10

in Texas, was (in the short space of one year), instrumental in placing over sixty nurses on duty in the counties of Texas. These nurses give skilled nursing, on a visit basis, to any person needing care. They particularly emphasize prenatal care; instruction to young mothers in the health of their babies and of the pre-school child through Child Health Centers; and physical inspection of school children. These nurses are all paid by the American Red Cross, but work under the direction of the State Board of Health. That Mrs. Parsons has recently resigned is a matter of deep regret to the nurses of Texas and to all concerned in the development of Child Hygiene throughout the country.

Reference was also made to the Department of Public Health Nursing at the University of Texas and its work in supplying the much needed Public Health Nurses. During the year and a half that this department has functioned over thirty nurses have successfully completed the course, the majority of whom are now engaged in public health nursing in Texas.

An interesting feature of the program was an address by Miss Ethel Bush, Public Health Nurse for Hays County, entitled "County Public Health Nursing". In the county in which she works, there are numerous one-roomed school houses. Many of the children who attend these schools have never been farther from home than the school house. Her aims are to give the children an equal chance for both a good education and good health, by teaching them health rules so thoroughly that they will in time form health habits.

BUT NOT A SANITARY CHILD

"A burnt child dreads the fire", announced the teacher. Now, give me a sentence different in wording but meaning the same thing." "Please, teacher", came a small voice, "A washed child dreads the water."—*Blighty* (London)